Fidelis Care
Medical Specialty Solutions
Provider Training

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NIA

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.

✓ **77 health plans/markets –** partnering with NIA for management of advanced and/or cardiac imaging solutions.

✓ **31.85M national lives – participating** in an NIA RBM nationally.

✓ **Diverse populations –** Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicaid/Medicare/Exchange Expertise/Insights

✓ **69 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 subspecialties

URAC Accreditation & NCQA Certified

NIA's Prior Authorization Program

The Program

- Fidelis Care will begin a prior authorization program through NIA for the management of outpatient imaging, cardiac, physical medicine, and radiation oncology services.

Important Dates

- Program start date: October 1, 2021

- Begin obtaining authorizations from NIA on September 20, 2021, via RadMD or Call Center for services rendered on or after October 1, 2021.

Procedures & Settings Included

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

Membership Included

- Medicare
- Medicaid
- Dual Advantage
- Essential
- CHP
- Qualified Health Plans

Settings:
- Office
- Outpatient
- Hospital

Network

NIA will use the Fidelis Care network of In-office providers, Free-Standing Imaging Facilities (FSFs), and Hospitals to deliver outpatient imaging services to Fidelis Care's members.
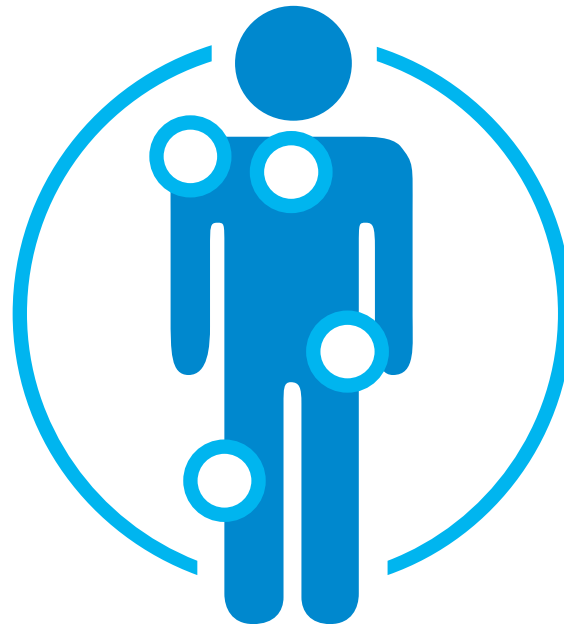
NIA's Prior Authorization Program

Effective October 1, 2021: Any services rendered on and after **October 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 Fidelis Care's Policies for Procedures not on Claims/Utilization Review Matrix.

FIDELIS CARE [2] **NIA**

Fidelis Care
Medical Specialty Solutions – Radiology and Cardiology
Utilization Review Matrix 2021

The matrix below contains the CPT 4 codes for which National Imaging Associates, Inc. (NIA) authorizes on behalf of Fidelis Care's programs. 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.
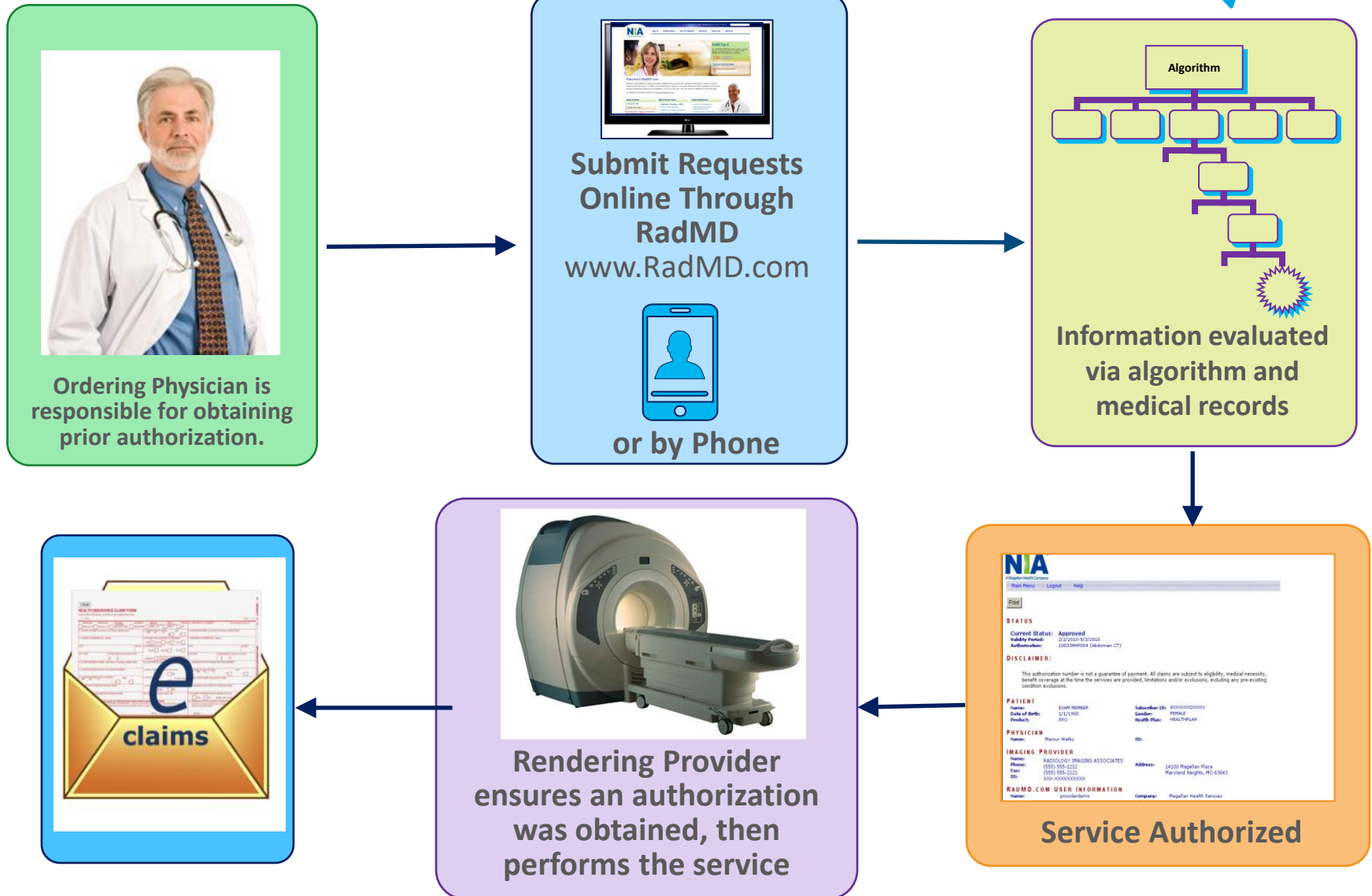
If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

⁺Please note: Services rendered in an Emergency Room, Urgent Care, Surgery Center or Hospital Inpatient setting are not managed by NIA.

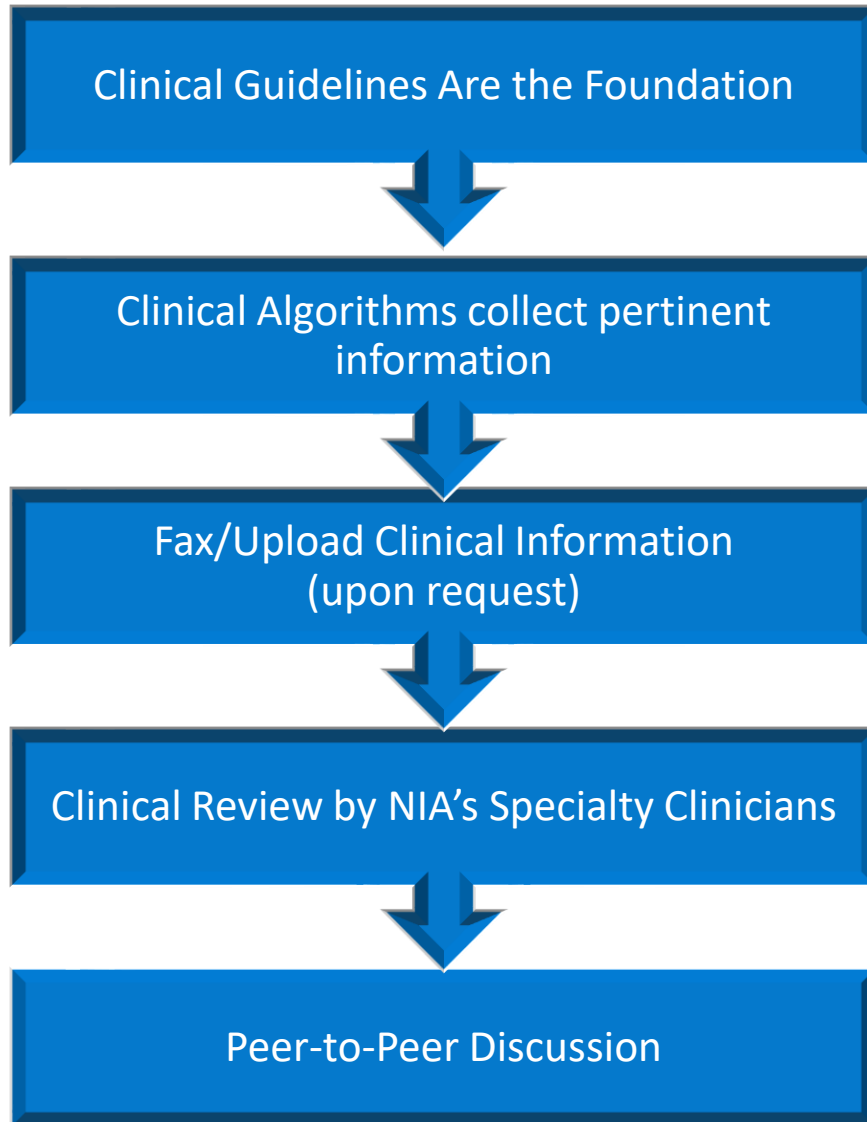| Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380
70490	CT Soft Tissue Neck	70490, 70491, 70492
70496	CT Angiography, Head	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
72131	CT Lumbar Spine	72131, 72132, 72133
72141	MRI Cervical Spine	72141, 72142, 72156
72146	MRI Thoracic Spine	72146, 72147, 72157
72148	MRI Lumbar Spine	72148, 72149, 72158
72159	MRA Spinal Canal	72159
72191	CT Angiography, Pelvis	72191
72192	CT Pelvis	72192, 72193, 72194

1 - Fidelis Care - Medical Specialty Solutions (Radiology/Cardiology) Utilization Review Matrix 2021

NIA

Prior Authorization Process Overview

Ordering Physician is responsible for obtaining prior authorization.

Submit Requests Online Through RadMD
www.RadMD.com

or by Phone

Information evaluated via algorithm and medical records

Service Authorized

Rendering Provider ensures an authorization was obtained, then performs the service

e claims

Recommendation to Rendering Providers: Do not schedule test until authorization is received

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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- **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 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 – ensure that members are receiving appropriate care.**

NIA

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

Automated Timeliness Routing

Clinical Specialization Pods Overseen by a Physician Advisor			
Neurology	Abdomen/Pelvis (includes OB-US)	General Studies	Radiation Oncology
Cardiac		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 member's medical records/additional clinical information.

☑ When requested, validation of clinical criteria within the member's medical records is required before an approval can be made.

☑ Ensures that clinical criteria that support the requested test are clearly documented in medical records.

☑ Helps ensure that members receive the most appropriate, effective care.

NIA to Ordering Physician: Request for Additional Clinical Information

A fax is sent to the provider detailing what clinical information 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 requested 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 the NIA coversheet

- Location of Fax Coversheets:
  - Can be printed from www.RadMD.com
  - Call
    - Medicaid, Essential, CHP, and Qualified Health Plans:
      - 1-800-424-4952
    - Medicare and Dual Advantage :
      - 1-800-424-5390

- 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]

Member		**Provider**	
Name:		Name:	
Gender:		Address:	
Date of Birth			
Member ID:		Phone:	
Health Plan:		Tax ID:	
		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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1 — **2** — **3** — **4** →

✓

Key NIA Differentiators

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
- NIA Physician denies case based on medical criteria

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 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 at 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health) or 1-800-424-5390 (Medicare and Dual Advantage).

- Outside of business hours, requests should be submitted through RadMD.

Notification of Determination

Approval Notification

- Validity Period - Authorizations are valid for:

    - 60 days from the request date or based on clinical indications

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.

- A re-review is available with new or additional information.

- Timeframe for re-review is 60 calendar days for Medicaid members, 1 year for Medicare and Dual Advantage members, and 180 calendar days for Essential, Qualified Health, and CHP members from the denial notification.

- In the event of a denial, providers may appeal the decision by contacting Fidelis Care or following the appeal instructions provided in their determination letter or Remittance Advice (RA) notification.

Claims and Appeals

How Claims Should be Submitted	Claims Appeals Process
- Rendering providers/Imaging providers should continue to send their claims directly to Fidelis Care. - Providers are strongly encouraged to use electronic claims submission. - Check on claims status by logging on to the Fidelis Care website at: https://providers.fideliscare.org/Login	- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Fidelis Care. - Providers should follow the instructions on their denial letter or Remittance Advice (RA) notification.

Radiation Safety and Awareness

Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv

U.S. population is exposed to nearly five times more radiation from medical devices in 2019 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

Provider Tools

RadMD Website
www.RadMD.com

Available
24/7 (except during maintenance)

Toll Free Number
Medicaid, Essential Plan, CHP, and Qualified Health Plans:
1-800-424-4952
Medicare and Dual Advantage:
1-800-424-5390

Available
Monday - Friday
8 AM – 8 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 Evidence based Clinical Guidelines (by diagnosis)
- View Frequently Asked Questions (FAQs)
- Cancer site checklists
- 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
- Utilization Matrices

Address http://www.radmd.com/

RadMD Sign In

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

Sign In   New User

Track an Authorization

Authorization Tracking Number

Go
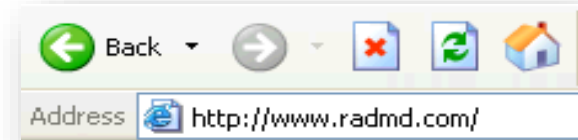
Registering on RadMD.com
To Initiate Authorizations

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 "Physician's office that orders procedures"

3. Fill out the application and click the "Submit" button.
   - You must include your email 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.
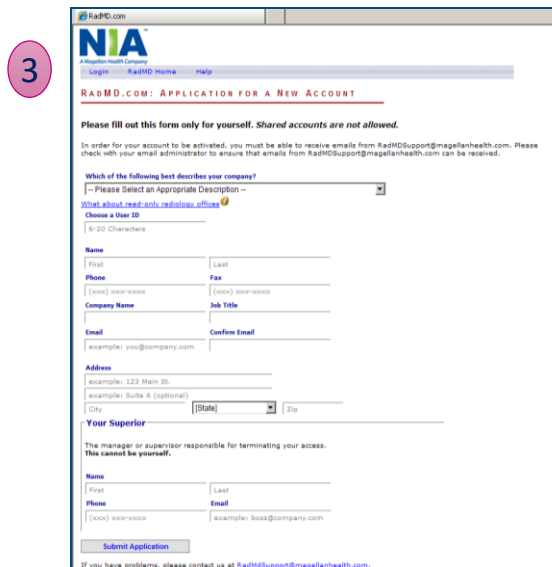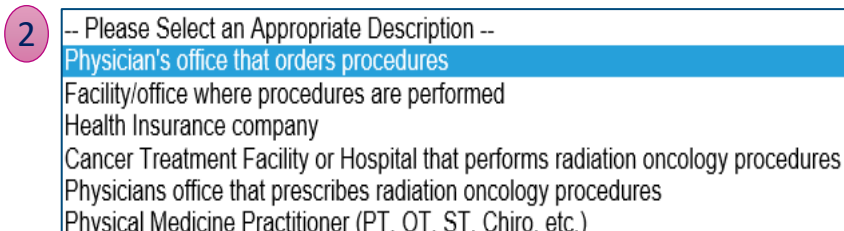
RadMD Enhancements: Shared Access

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.

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 patients and facilitate treatment.

NIA

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 email 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.

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.

When to Contact NIA

Providers:

Initiating or checking the status of an authorization	▪ Website, www.RadMD.com
	▪ Toll-free number
	   ▪ Medicaid, Essential Plan, CHP, and Qualified Health Plans: 1-800-424-4952
	   ▪ Medicare and Dual Advantage: 1-800-424-5390

Initiating a Peer to Peer	▪ Toll-free number
	   ▪ Medicaid, Essential Plan, CHP, and Qualified Health Plans: 1-800-424-4952
	   ▪ Medicare and Dual Advantage: 1-800-424-5390

Technical Issues/ Provider Service Line	▪ RadMDSupport@evolent.com ▪ Call 1-800-327-0641

Provider Education requests or questions specific to NIA	▪ Seth Cohen PT, DPT
	  Provider Relations Manager
	  1-410-953-2418
	  seth.cohen@evolent.com

RadMD Demonstration

Confidentiality Statement

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