

Wellcare Medical Specialty Solutions



NIA Program Agenda



Introduction to NIA



Our Program

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



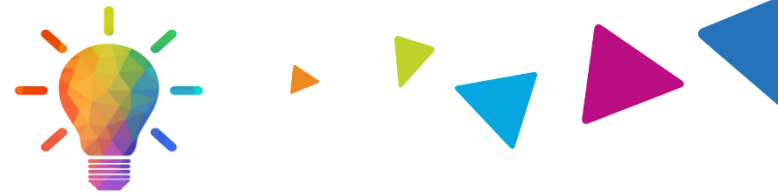
RadMD Demo



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 plan/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, Medicare, exchanges, commercial, FEP, and 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

- Wellcare 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
- Observation



Membership Included

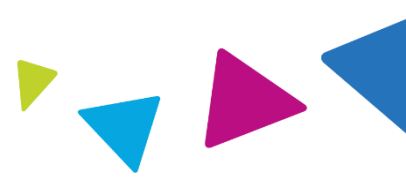
- Medicare



Network

NIA will use the Wellcare network of in-office providers, Free-Standing Imaging Facilities (FSF's), and hospitals to deliver outpatient imaging services to Wellcare members.

NIA's Prior Authorization Program

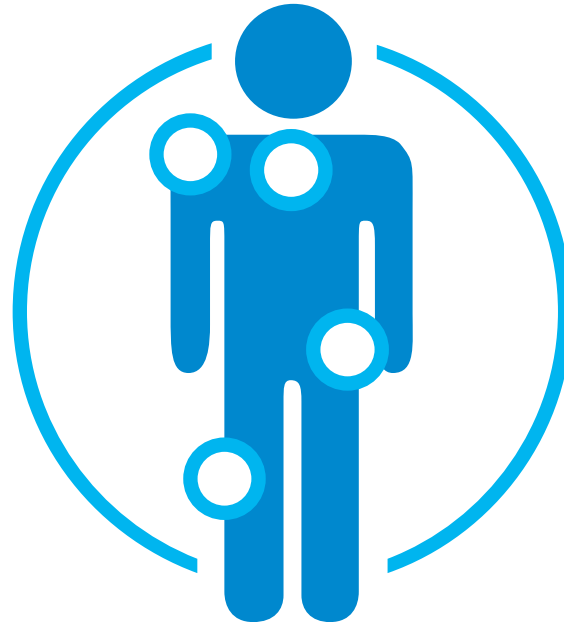


Effective April 1, 2021: Any services rendered on or after April 1, 2021 will require authorization. Providers can begin obtaining authorizations from NIA on March 22, 2021, via RadMD or call center for services rendered on or after April 1, 2021. Only non-emergent procedures performed in an outpatient 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



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 <https://www.RadMD.com>

 Defer to Wellcare 's Policies for Procedures not on Claims / Utilization Review Matrix

WellCare
Utilization Review Matrix 2021

The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of WELLCARE. 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 rebundling 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.

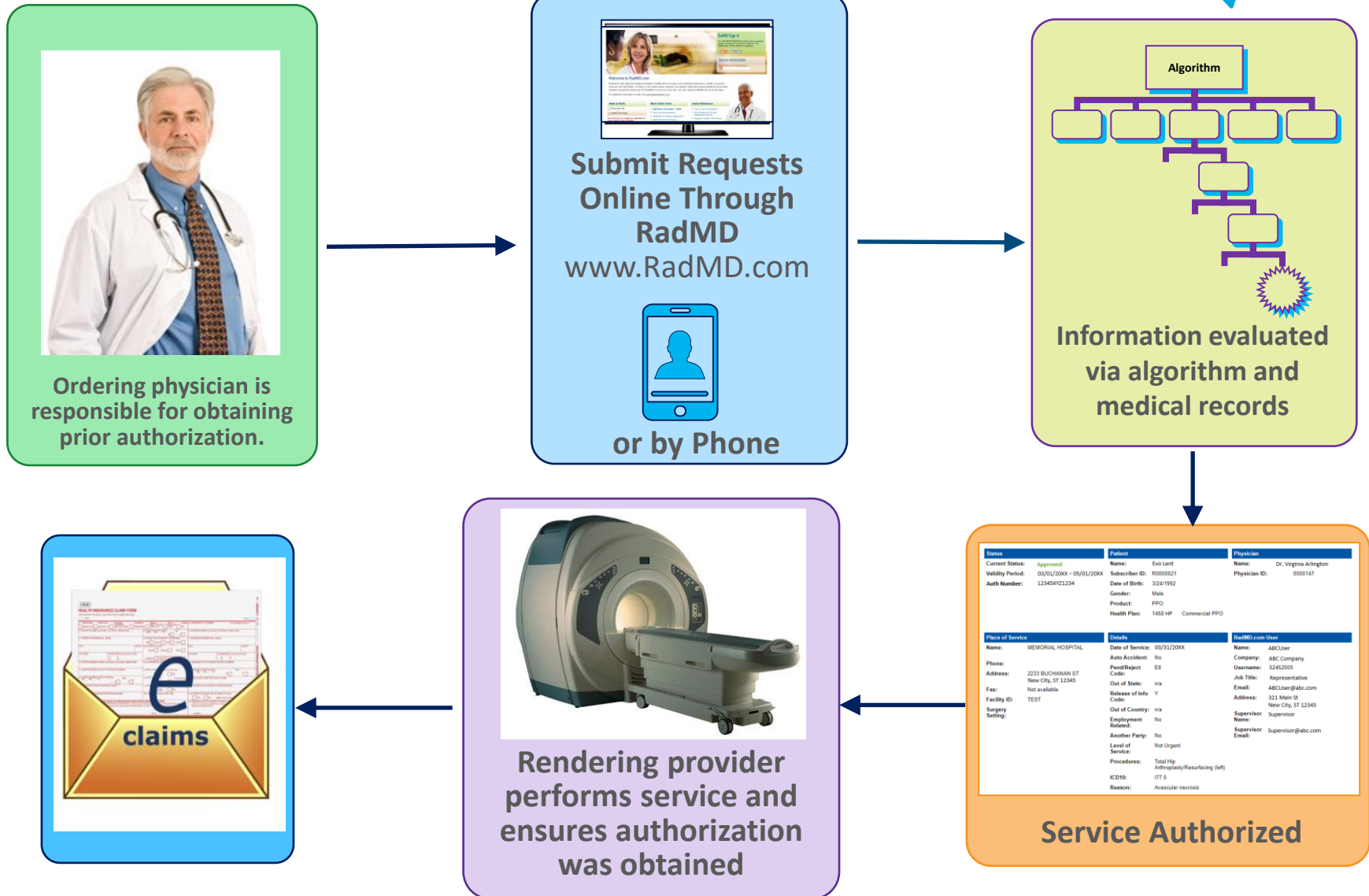
If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

***Please note: Services rendered in an Emergency Room, Observation 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, G0297 |
| 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 |

1—WellCare Utilization Review Matrix 2021

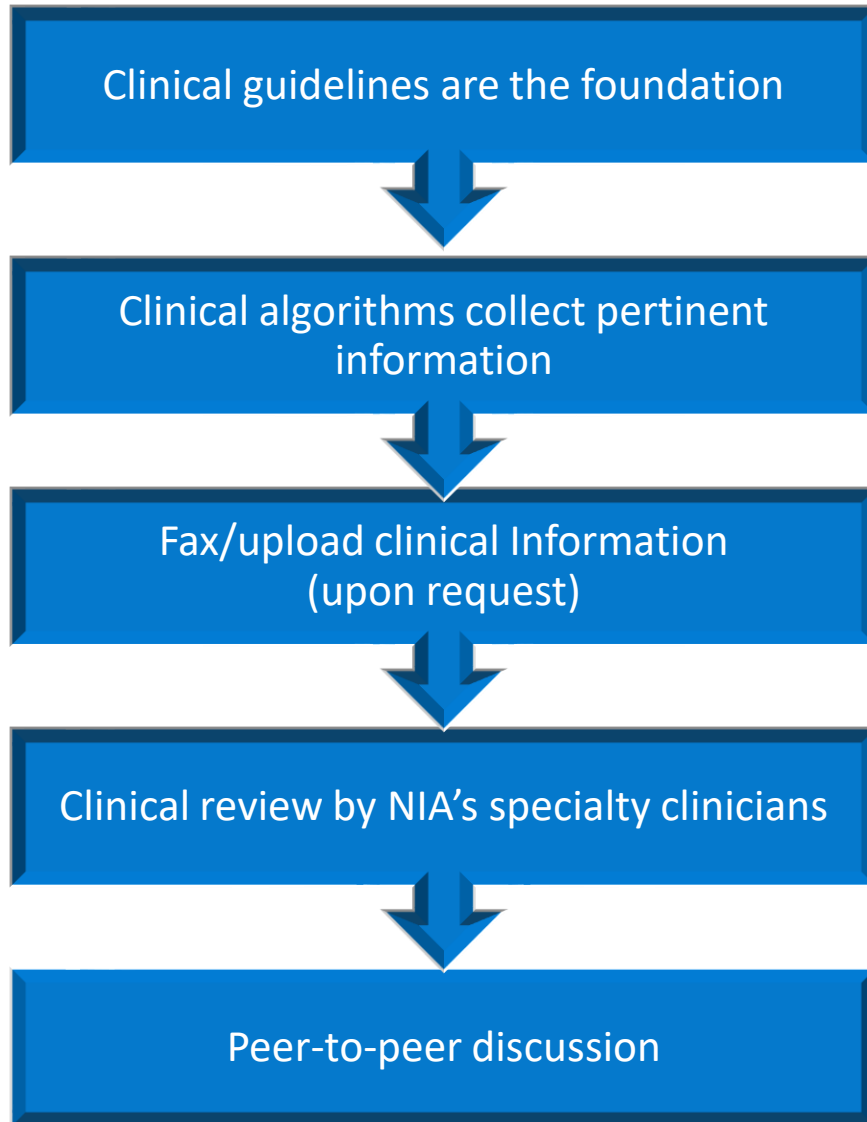
Prior Authorization Process Overview



| System | Patient | Physician |
|---|--|--|
| Current Status: Approved | Name: Eric Lort | Name: Dr. Virginia Arlington |
| Validity Period: 03/01/200X - 05/01/200X | Subscriber ID: R0000821 | Physician ID: 0009147 |
| Auth Number: 12345X21234 | Date of Birth: 3/24/1992 | |
| | Gender: Male | |
| | Product: PPO | |
| | Health Plan: 1403 HP Commercial PPO | |
| Place of Service | Details | RadMD.com User |
| Name: MEMORIAL HOSPITAL | Date of Service: 03/31/200X | Name: ABCUser |
| Phone: | Auto Accident: No | Company: ABC Company |
| Address: 2233 BUCHANAN ST New City, ST 12345 | Facility/Subject Code: ES | Username: S2452005 |
| Fax: Not available | Out of State: n/a | Job Title: Representative |
| Facility ID: TEST | Release of Info Code: Y | Email: ABCUser@abc.com |
| Surgery Setting: | Out of Country: n/a | Address: 321 Main St New City, ST 12345 |
| | Employment Related: No | Supervisor Name: Supervisor |
| | Another Party: No | Supervisor Email: Supervisor@abc.com |
| | Level of Service: Not Urgent | |
| | Procedures: Total Hip, Arthroplasty/Resurfacing (left) | |
| | KCD9: 077.9 | |
| | Reason: Avascular necrosis | |

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 and through literature reviews and evidence-based research. Guidelines are reviewed and mutually approved by the plan and NIA medical officers and clinical experts. **Clinical guidelines are available on <https://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.
- 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.**

Patient and Clinical Information Required for Authorization



General

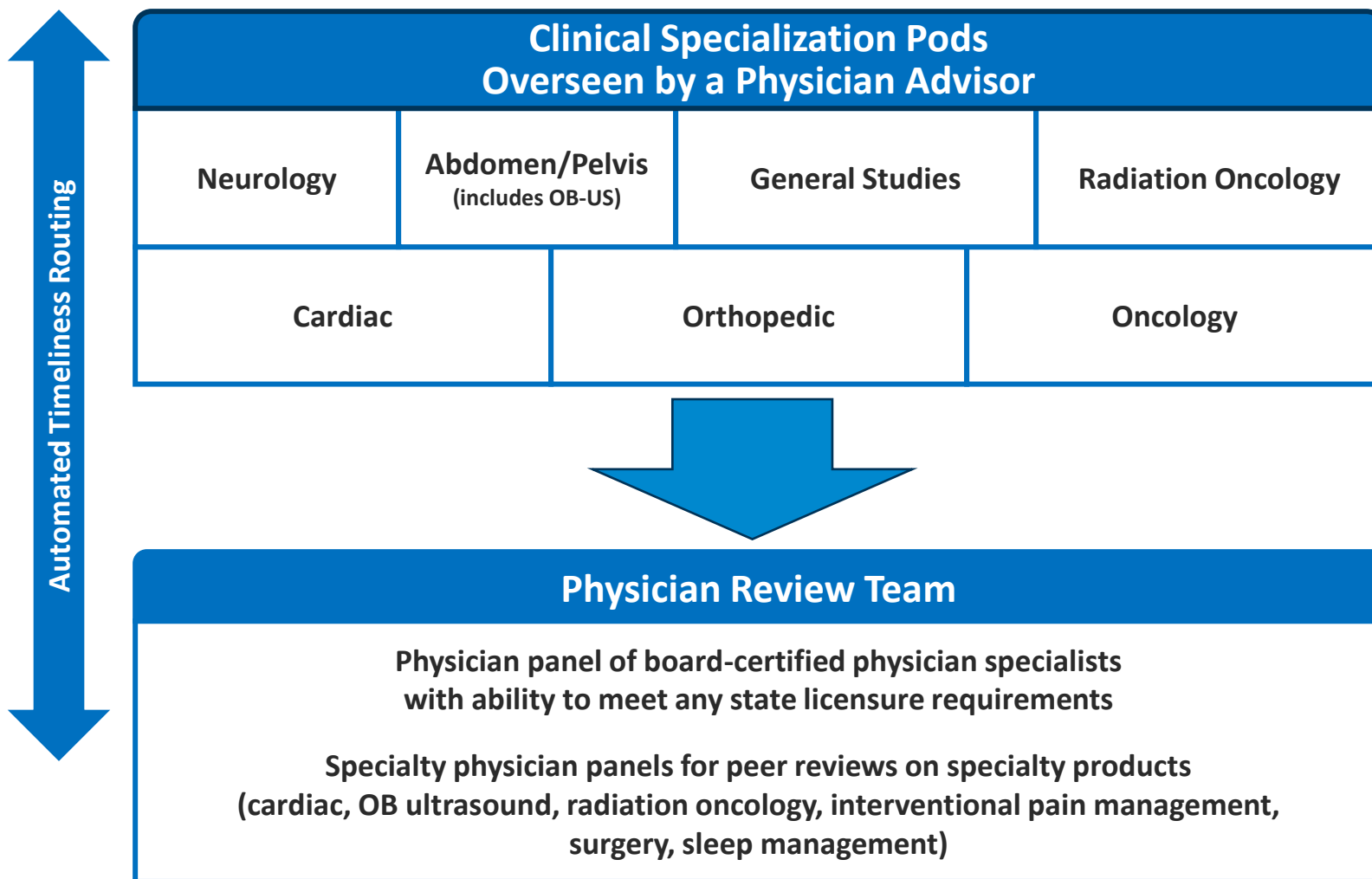
- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

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 patient's medical records/additional clinical information.



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



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



Helps ensure that patients receive the most appropriate, effective care.



NIA to Ordering Physician: Request for Additional Clinical Information



CC_TRACKING_NUMBER FAXC

NIA
National Imaging Associates, Inc.

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
aa1fadddfaxquestions

- 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:**

CC_TRACKING_NUMBER

FAXC



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



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:
 - Online at <https://www.RadMD.com>
 - By fax using NIA coversheet
- Location of fax cover sheets:
 - Can be printed from <https://www.RadMD.com>
 - Call 1-800-424-5388
- Use the case-specific fax cover sheet when faxing clinical information to NIA.

Exam Request Verification: Detail

[Upload Clinical Document](#) [Print Fax Cover Sheet](#) [Request Additional Visits](#)

Cases in this Request

| Member | | Provider | |
|-------------------|---------------------|------------|---------------------------------|
| Name: | Evo Lent | Name: | Memorial Hospital |
| Gender: | Female | Address: | 123 Main St, New City, ST 12345 |
| Date of Birth: | 5/24/1971 | Phone: | 123-456-7890 |
| Member ID: | AB123456 | Tax ID: | 987654321 |
| Health Plan: | ABC Health Plan HMO | UPIN: | |
| Spoken Language: | ENGLISH | Specialty: | |
| Written Language: | ENGLISH | | |

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.*

1

2

3

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

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, <https://www.RadMD.com>, cannot be used for medically urgent or expedited prior authorization requests during business hours. Urgent / expedited requests must be processed by calling NIA at: 1-800-424-5388.
- Turnaround time is within one business day, not to exceed 72 calendar hours.



Authorization Notification

- Authorizations are valid for 60 business 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 the adverse determination has been made.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.
- Medicare re-opens are not available.



How Claims Should be Submitted

- Rendering providers/imaging providers should continue to send their claims directly to Wellcare.
- Providers are strongly encouraged to use EDI claims submission.
- Check on “Claims Status” by logging on to the Wellcare website.

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Wellcare.
- 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 patient and physician awareness of radiation concerns



RadMD Website RadMD.com



Available
24/7 (except during
maintenance)



Toll Free Number
1-800-424-5388



Available
8 a.m. – 8 p.m. 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 clinical guidelines
 - View frequently asked questions (FAQs)
 - View other educational documents
-
- Interactive Voice Response (IVR) system for authorization tracking

NIA's Website

<https://www.RadMD.com>



RadMD Functionality Varies by User:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – View approved authorizations for their facility.

Online Tools Accessed through

<https://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 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 e-mail address so our webmaster can respond 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.

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

Application for a New Account
Please fill out this form only for yourself. Shared accounts are not allowed.
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
-- Please select an appropriate description -- [What about read-only radiology offices?](#)

| New Account User Information | | Your Supervisor | |
|--|--|--|------------------------------------|
| Choose a Username: <input type="text"/> | | Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email. | |
| First Name: <input type="text"/> | Last Name: <input type="text"/> | First Name: <input type="text"/> | Last Name: <input type="text"/> |
| Phone: <input type="text"/> | Fax: <input type="text"/> | Phone: <input type="text"/> | Email: <input type="text"/> |
| Email: <input type="text"/> | Confirm Email: <input type="text"/> | | |
| Company Name: <input type="text"/> | Job Title: <input type="text"/> | | |
| Address Line 1: <input type="text"/> | Address Line 2: <input type="text"/> | | |
| City: <input type="text"/> | State: <input type="text" value="State"/> | | |
| Zip: <input type="text"/> | | | |
| <input type="button" value="Submit"/> | | | |

RadMD Enhancements



NIA offers a **Shared Access** feature on our [RadMD.com](https://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.com 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 is titled "Request" and lists several categories: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a link to "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management (or Minimally Invasive Procedure)", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column is titled "Resources and Tools" and lists "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "News and Updates" section. At the bottom of the page, there are two input fields: "Login As Username:" with a "Login" button, and "Tracking Number:" with a "Search" button and a link for "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 [RadMD.com](https://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 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 so our webmaster can respond 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 want each person to be able to see all approved authorizations, they will need to register for a rendering user name 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



The image shows the RadMD Sign In page. It features a green header with the text "RadMD Sign In" and "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." Below this are two buttons: "Sign In" and "New User". The "New User" button is circled in pink. At the bottom, there is a section titled "Track an Authorization" with a text input field for "Authorization Tracking Number" and a "Go" button.

2

-- Please Select an Appropriate Description --

Physician's office that orders procedures

Facility/office where procedures are performed

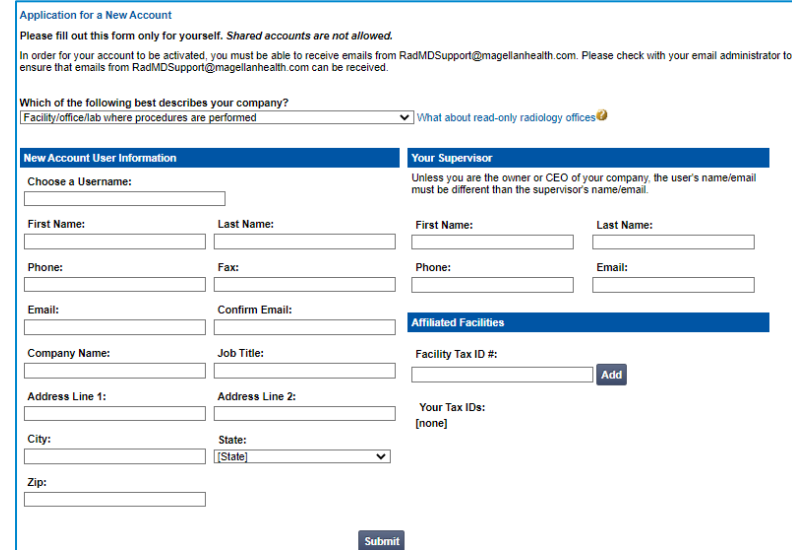
Health Insurance company

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



The image shows the "Application for a New Account" form. It includes a header with the title "Application for a New Account" and a note: "Please fill out this form only for yourself. Shared accounts are not allowed." Below this is a dropdown menu for "Which of the following best describes your company?" with the selected option "Facility/office/lab where procedures are performed". There is also a link for "What about read-only radiology offices?". The form is divided into two main sections: "New Account User Information" and "Your Supervisor". The "New Account User Information" section includes fields for "Choose a Username:", "First Name:", "Last Name:", "Phone:", "Fax:", "Email:", "Confirm Email:", "Company Name:", "Job Title:", "Address Line 1:", "Address Line 2:", "City:", "State:", and "Zip:". The "Your Supervisor" section includes fields for "First Name:", "Last Name:", "Phone:", and "Email:". There is also a section for "Affiliated Facilities" with a "Facility Tax ID #:" field and an "Add" button. At the bottom right, there is a "Submit" button.

When to Contact NIA



Providers:

| | |
|--|--|
| <p>Initiating or checking the status of an authorization</p> | <ul style="list-style-type: none">▪ Website: https://www.RadMD.com▪ Call: 1-800-424-5388 Interactive Voice Response (IVR) System |
| <p>Initiating a peer to peer</p> | <ul style="list-style-type: none">▪ Call: 1-800-424-5388 |
| <p>Technical issues</p> | <ul style="list-style-type: none">▪ Email: RadMDSupport@evolent.com▪ Call: 1-800-327-0641 |
| <p>Provider education requests or questions specific to NIA</p> | <ul style="list-style-type: none">▪ If you have a question or need more information about this physical medicine prior authorization program, you may contact the NIA Provider Service Line at 1-800-327-0641.▪ To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your NIA Area Provider Relations Manager. |

RadMD Demonstration



Confidentiality Statement



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A large blue triangle on the left side of the slide contains the word "Thanks" in white. Several smaller, colorful triangles (orange, lime green, purple, magenta, cyan) are scattered around the blue triangle.

Thanks