



Medical Specialty Solutions

Provider Training Presented by:
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Date:

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 plans/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, Exchanges, Medicare, Commercial, FEP, 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

- YouthCare 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 DATE 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



Membership Included

- Medicaid



Network

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

NIA's Prior Authorization Program

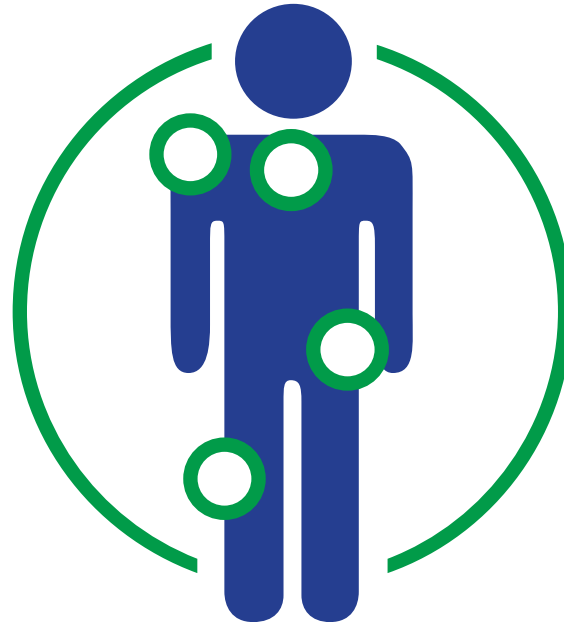


Effective April 1, 2021: Any services rendered on and after April 1, 2021 will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.



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
- 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 www.RadMD.com.



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

YouthCare Utilization Review Matrix 2021


The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) authorizes on behalf of YouthCare HealthChoice Illinois. 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, 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

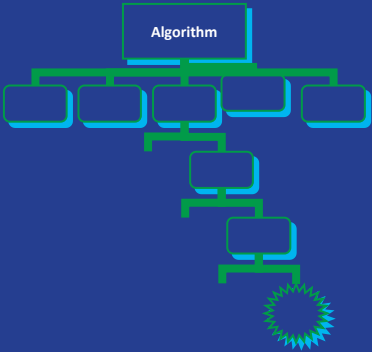
Prior Authorization Process Overview


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

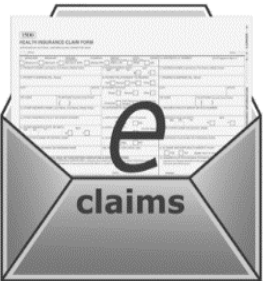


Service Authorized

PATIENT		Subscriber ID:	
Name:	EVAN HENNER	800000000000	
Date of Birth:	1/21/2008	Gender:	Female
Product:	DPO	Health Plan:	HEALTHPLAN



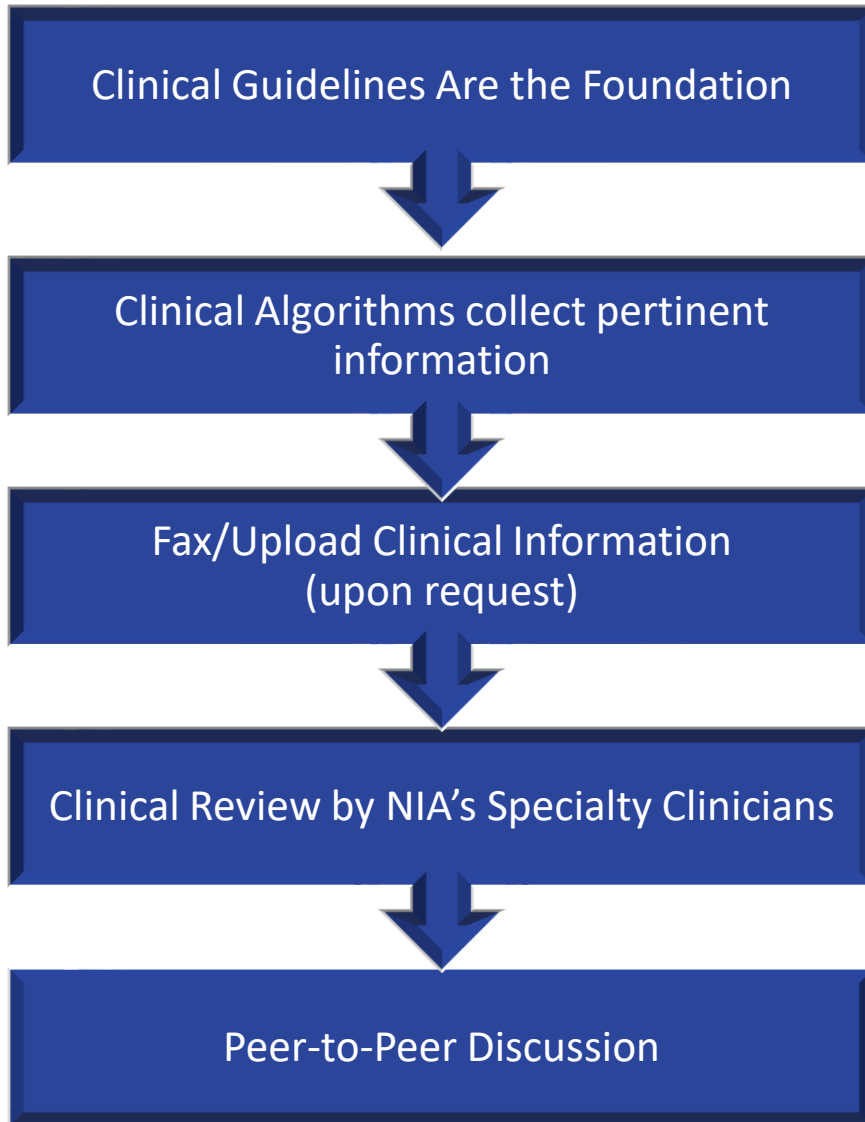
Rendering Provider Performs Service and ensures authorization was obtained



claims

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, 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.**

Member and Clinical Information Required for Authorization



General

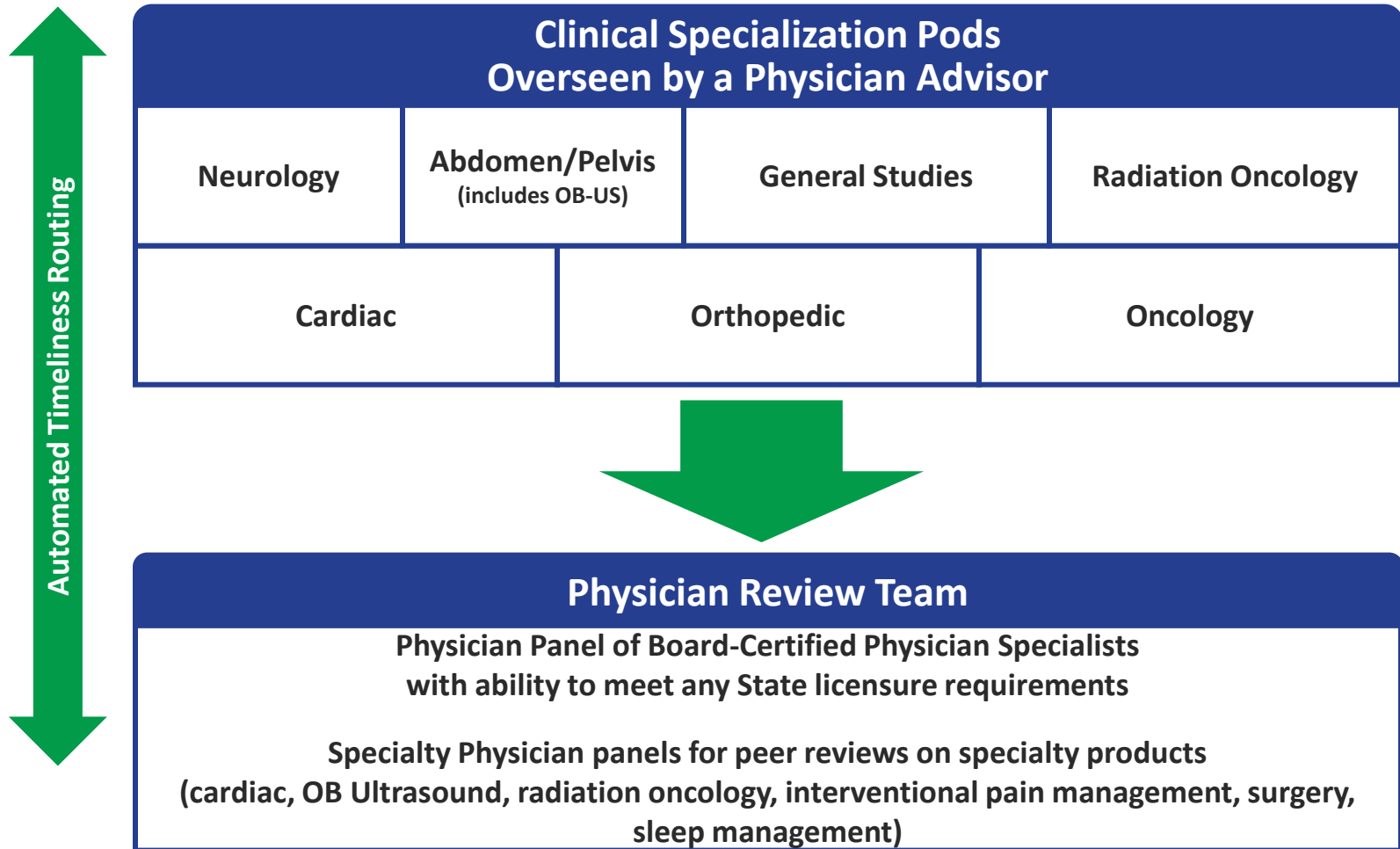
- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

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



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 supports 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



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
aalfaddlfixquestions

- 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:**

FAXC CC_TRACKING_NUMBER



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.



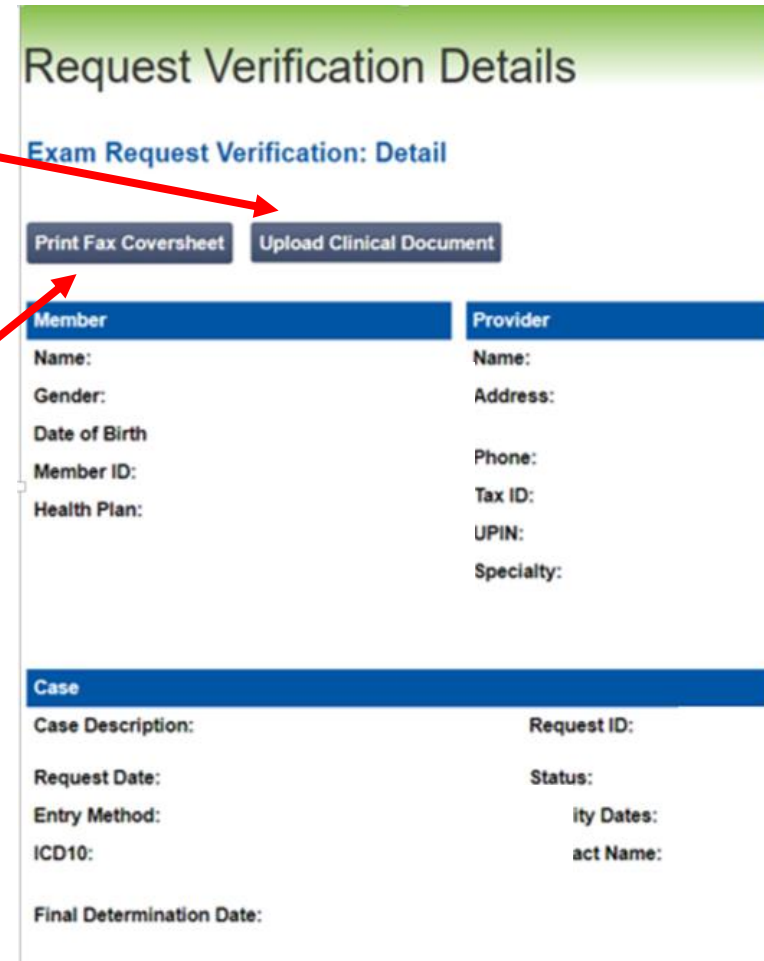
Determination timeframe begins after receipt of clinical information.



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 YouthCare at 1-866-298-9729 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	Phone:
Member ID:	Tax ID:
Health Plan:	UPIN:
	Specialty:

Case

Case Description:	Request ID:
Request Date:	Status:
Entry Method:	ity Dates:
ICD10:	act 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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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 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 YouthCare call center at 1-866-298-9729.

Notification of Determination



Authorization Notification

- Validity Period - Authorizations are valid for:
 - 30 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.
- A re-review is available with new or additional information.
- Timeframe for re-review is 1 business day of request.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

Claims and Appeals



How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to YouthCare.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the YouthCare Website at <http://www.ilyouthcare.com>

Claims Appeals Process

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

NOTE: Consistent with CMS guidelines, multiple procedure discounts are applied when appropriate.

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 member and physician awareness of radiation concerns

Provider Tools



RadMD Website
www.RadMD.com



Available
24/7 (except during
maintenance)



Toll Free Number
866-298-9729



Available
8:00 AM – 6:00 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

NIA's Website

www.RadMD.com

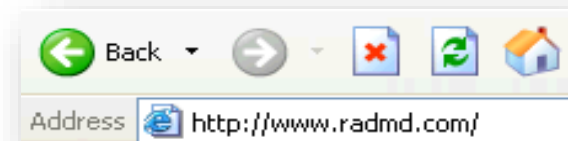


RadMD Functionality varies by user:

- **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
- Claims/Utilization Matrices



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 “Physician’s office that orders procedures”
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.

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-- 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

A screenshot of the RadMD.com application form for a new account. The page title is 'RADMD.COM: APPLICATION FOR A NEW ACCOUNT'. It includes a 'Please fill out this form only for yourself. Shared accounts are not allowed.' warning. Below that, there is a dropdown menu for 'Please Select an Appropriate Description' with 'Physician's office that orders procedures' selected. The form has several sections: 'Choose a User ID' (with a character count), 'Name' (First and Last), 'Phone' and 'Fax' (with area codes), 'Company Name' and 'Job Title', 'Email' and 'Confirm Email', 'Address' (with City, State, and Zip), and 'Your Superior' (with Name, Phone, and Email). A 'Submit Application' button is at the bottom.

RadMD – 2020 Enhancements



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.

A screenshot of 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 has a "Request" section with links for "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine", "Initiate a Subsequent Request", "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column has a "Resources and Tools" section with links for "Shared Access", "Clinical Guidelines", and "Request access to Tax ID", and a "News and Updates" section. Below these columns are two login fields: "Login As Username:" with a text input box and a "Login" button, and "Tracking Number:" with a text input box, a "Search" button, and a link for "Forgot Tracking Number?". At the bottom left, there is a "Request Status" section with links for "Search for Request" and "View All My Requests".

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.

Allows Users the Ability to View All Approved Authorizations for Facility

IMPORTANT

- Everyone in your organization is required to have their own separate user name 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 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.

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.

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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

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



RadMD.com

NIA
A Neighbor Health Company

Log In RadMD Home Help

RADMD.COM: 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 read/only offices

Choose a User ID
0-20 Characters

Name
First Last
Phone Fax
[xxx] xxx-xxxx [xxx] xxx-xxxx
Company Name Job Title
Email Confirm Email
example: you@company.com

Address
example: 123 Main St.
example: Suite A (optional)
City [State] Zip

Your Superior
The manager or supervisor responsible for terminating your access.
This cannot be yourself.
Name First Last
Phone Email
[xxx] xxx-xxxx example: boss@company.com

If you have problems, please contact us at RadMDsupport@magellanhealth.com.

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• YouthCare toll-free number 866-298-9729 - Interactive Voice Response (IVR) System
<p>Initiating a Peer to Peer</p>	<ul style="list-style-type: none">• Call 866-298-9729
<p>Technical Issues</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">• Leta Genasci Provider Relations Manager 1-314-387-5518 lgenasci@evolent.com

RadMD Demonstration



Confidentiality Statement



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Thank You

