Prevea360 Health Plan Physical Medicine Overview

Above and throughout this document, "NIA Magellan" refers to National Imaging Associates, Inc.

Prevea360 Health Plan Physical Medicine Overview

What:

- Prevea360 will expand it's current Utilization Management Preauthorization Program to include management of Rehabilitative and Habilitative Physical Therapy and Occupational Therapy
- Care Registration will be required for PT and OT visits one through eight in a calendar year.
- Preauthorization will be required for PT and OT visits nine and beyond

When:

- Program Start Date: January 1, 2016

Who:

- Prevea360 HMO, POS, PPO members will be subject to care registration/preauthorization
- Not all of the Dean Health Plan ASO groups will have the same authorization requirements
- Prevea360 members with an autism diagnosis will be exempted

NIA Magellan Program Agenda

Our Program

1. Care Registration Process
2. Preauthorization Process and Overview
3. Clinical Information Required
4. Validity Authorization Period and Notification of Determination
5. Network
6. Claims
7. Provider Tools and Contact Information

RadMD Demo

Questions and Answers

NIA Magellan's Care Registration and Preauthorization Program

Effective January 1, 2016, Prevea360 Health Plan will expand its relationship with NIA Magellan. The NIA Magellan Call Center will be available beginning Monday, December 21, 2015 for care registration/preauthorization for dates of service January 1, 2016 and beyond. Any existing Prior Authorizations from 2015 will be end dated 12/31/15 and new Prior Authorization for 2016 Dates of Service will need to be requested.

Services Requiring Care Registration/ Preauthorization	**Outpatient:** • **Physical Therapy Services** • **Occupational Therapy Services**
Excluded from Program: PT and OT Services Performed in the Following Settings:	• **Hospital Inpatient** • **Part A services provided in a skilled nursing facility** • **Acute Rehab Hospital Inpatient**

Prevea360 Health Plan will continue to manage preauthorization of coverage for inpatient procedures through the existing concurrent review program

Care Registration Process

- After the first visit with the patient in the calendar year, the provider will register the patient with NIA Magellan
- Care Registration is used to document the initial visits in the calendar year to determine when the visit threshold is reached and medical management is needed
- This registration must be completed for the first eight visits for any given member(patient) upon initial evaluation through the NIA website: www.RadMD.com
- Limited patient and medical information is needed for Care Registration
- The first provider/billing entity to treat the member(patient) for the year, will complete the Care Registration process to reserve the initial eight visits
- Care Registration will allow the patient eight (8) visits for a 90 day time span starting with the initial visit for that calendar year. The eight visits must be within the 90 day time span.
- If a PT visit and OT visit occur on the same day, they will count as two separate visits
- HMO members who wish to utilize a non-plan provider must first have an approved authorization from Prevea360 Health Plan for the USE of the non-plan provider. Authorization requests must be submitted by a Prevea360 plan provider. NIA/Magellan will make the medical necessity determinations for these services.
- Prior to reviewing a HMO physical medicine request from a non-plan provider, NIA/Magellan will confirm that the approved authorization for the use of the non-plan provider is in place. If the authorization for use of the non-plan provider is not in place, the authorization request will not be processed.

Care Registration Process Summary

Step 1: Go to the NIA website. www.RadMD.com

Step 2: Validate Patient information

Step 3: Complete Care Registration

Step 4: Receive Care Registration Approval

Step 5: Receive Approval Letter

Responsibility for Care Registration and Preauthorization Process

Provider Responsibilities

- Verify member's benefits via Provider Portal or contacting Prevea360 Customer Care Center
- Obtain care registration/preauthorization
- Ensure that care registration/preauthorization has been obtained prior to providing services

NIA Magellan recommends that you do not schedule any additional therapy beyond the initial evaluation until care registration / preauthorization is obtained.

Care Registration/Prior Authorization Process Overview

Provider

Telephone NIA Magellan's Call Center or RadMD

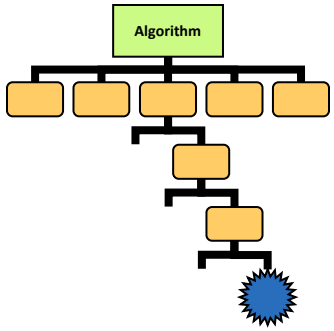
Care Registration Process

After 1st visit, register patient with NIA Magellan for visits 1 – 8

OR

Preauthorization Process

Visits 9 and beyond will require an NIA authorization



Online Through RadMD
www.RadMD.com

Therapy Authorized

Provider Performs Service

Claim

Clinical Decision Making and Algorithms

- Clinical guidelines are reviewed and mutually approved by Prevea360 and NIA Magellan Chief Medical Officers and senior clinical leadership.
- NIA Magellan's algorithms and medical necessity reviews collect key clinical information to ensure that Prevea360 Health Plan members are receiving appropriate outpatient rehabilitative and habilitative physical and occupational therapy services.
- Speech Therapy is not part of this program. Speech therapy services must be prior authorized by Prevea360 Health Plan.
- NIA Magellan utilizes a combination of internally developed guidelines and commercially licensed guidelines (Apollo Managed Care Guidelines: *Managing Physical/Occupational and Rehabilitation Care)* for physical medicine services. The internally developed Clinical Guidelines are available on www.RadMD.com. Case specific Apollo Guidelines (those used to make a medical necessity decision) are made available to the provider upon request.
- The internally developed PT and OT Clinical Guidelines for Prevea360 Health Plan will be available on RadMD effective January 1, 2016. To preview this guideline:
  - Click on the "Health Plans" selection on the Home page menu bar.
  - Scroll down the page to locate your specific health plan name on the left side of the screen Prevea360 Health Plan; click once to open.
  - Click on the link below "Preview of Clinical Guidelines" to open the pdf document.

Patient and Clinical Information Required for Preauthorization

GENERAL

- Includes things like: provider information, member information, rendering provider information, requested therapy discipline (PT and/or OT), Date of initial evaluation, etc.
- Projected frequency and duration of treatment
- Discharge plan

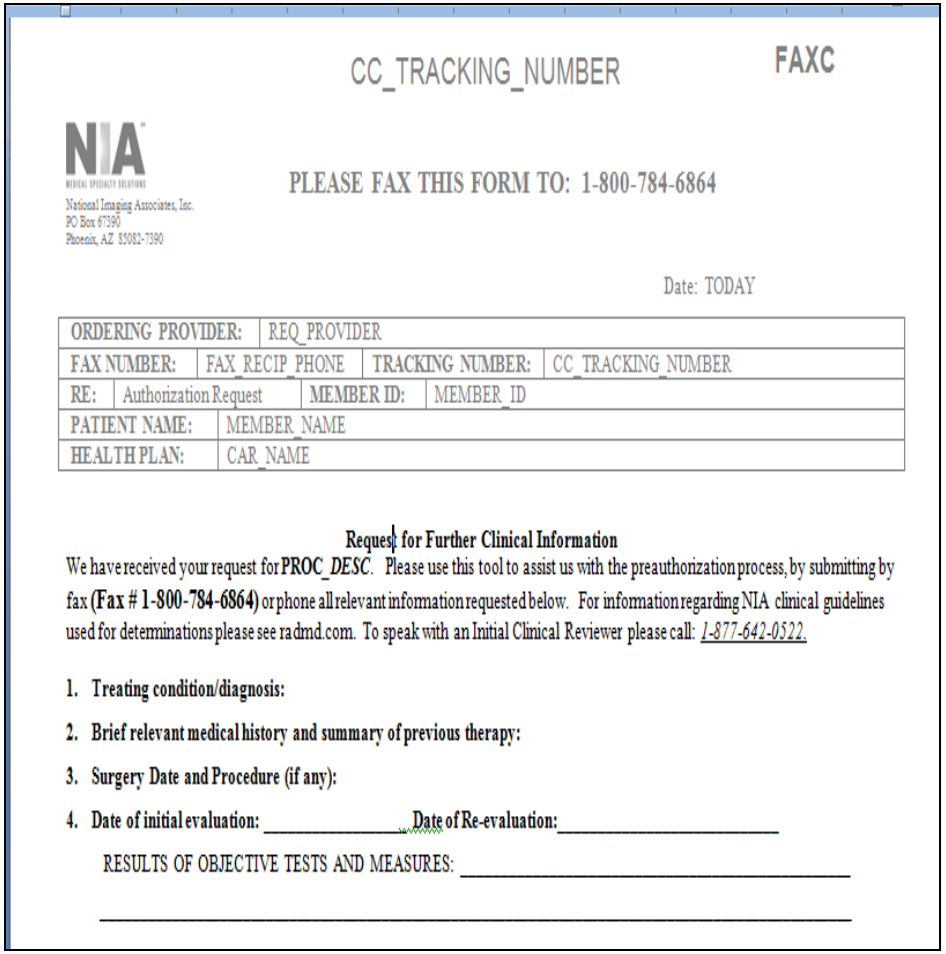
- **HMO members**: An approved authorization will be required from Prevea360 UM for the use of an out-of-plan and/or out of area network services provider

CLINICAL INFORMATION

- Treating Diagnosis and body region being treated, date of onset. Surgery date and procedure performed (if applicable)
- Brief medical history and summary of previous therapy (if any)
- Baseline evaluation including current and prior functional status
- Objective tests and measures appropriate to the discipline of therapy. Standardize test with raw score, standardized scores and interpretation
- School programs, including frequency and goals (*for habilitative services*)
- Treatment prognosis and rehab potential. Treatment Plan including interventions planned. Specific functional goals that are measurable, sustainable and time-specific

Refer to the Preauthorization Checklist on RadMD for more specific information.

NIA Magellan to Provider: Request for Additional Clinical Information



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FAXC

NIA

National Imaging Associates, Inc.
PO Box 67390
Phoenix, AZ 85082-7390

PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PROVIDER:	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:	CAR_NAME		

Request for Further Clinical Information

We have received your request for **PROC_DESC**. Please use this tool to assist us with the preauthorization process, by submitting by fax **(Fax # 1-800-784-6864)** or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radmd.com. To speak with an Initial Clinical Reviewer please call: *1-877-642-0522.*

1. **Treating condition/diagnosis:**
2. **Brief relevant medical history and summary of previous therapy:**
3. **Surgery Date and Procedure (if any):**
4. **Date of initial evaluation:** _____ **Date of Re-evaluation:** _____

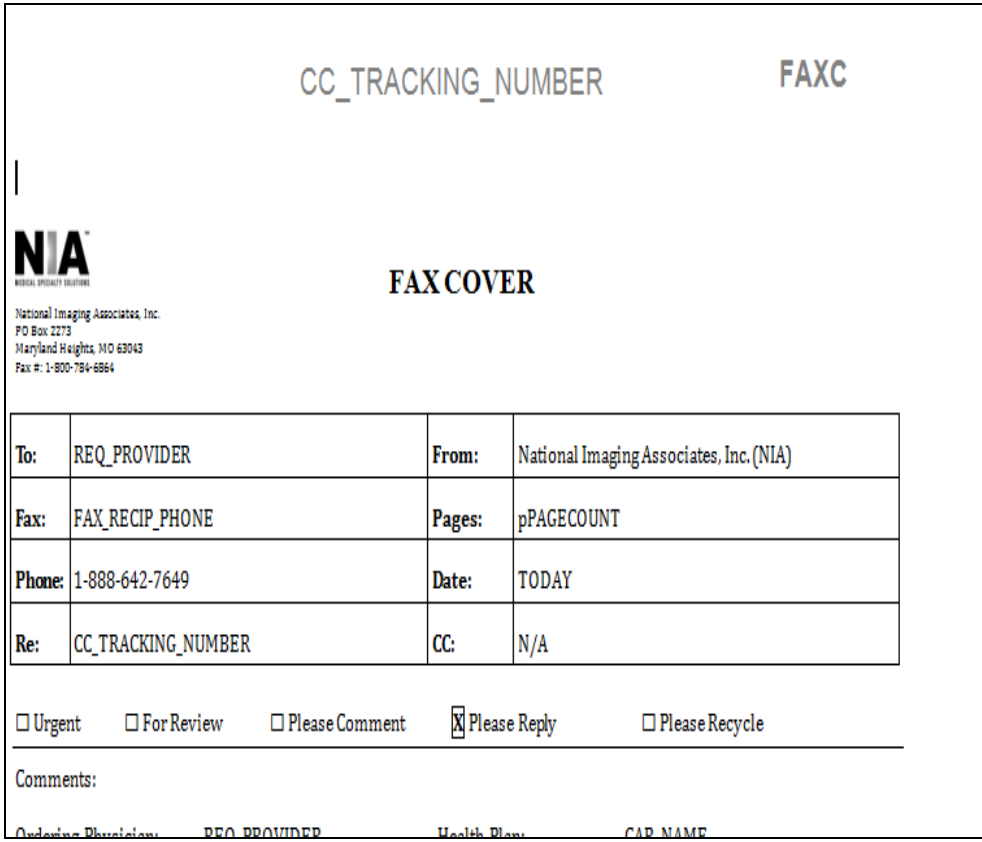
RESULTS OF OBJECTIVE TESTS AND MEASURES: _____

_____

- 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/Medical Records to NIA Magellan

- Two ways to submit clinical information to NIA Magellan
  - Via Fax
  - Via RadMD Upload
- Use the Fax Coversheet (when faxing clinical information to NIA Magellan)
- Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ 1-866-307-9729



CC_TRACKING_NUMBER FAXC

NIA

FAX COVER

National Imaging Associates, Inc.
PO Box 2273
Maryland Heights, MO 63043
Fax #: 1-800-784-6864

To:	REQ_PROVIDER	**From:**	National Imaging Associates, Inc. (NIA)
Fax:	FAX_RECIP_PHONE	**Pages:**	pPAGECOUNT
Phone:	1-888-642-7649	**Date:**	TODAY
Re:	CC_TRACKING_NUMBER	**CC:**	N/A

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Comments:

Ordering Physician: REQ_PROVIDER Health Plan: CAP_NAME

Be sure to use the NIA Magellan Fax Coversheet for all transmissions of clinical information!

Prior Authorization Process

Intake level

- Requests are evaluated using our clinical algorithms
- Requests may:
  1. Approve
  2. Require additional clinical review
  3. Pend for clinical validation of medical records

Initial Clinical Review

- Peer reviewer (physical therapist or occupational therapist) will review request and may:
  1. Approve
  2. Deny

Concurrent Review

- Occurs beyond the initial authorized visits
- Peer reviewer (physical therapist or occupational therapist) will review request and may:
  1. Approve
  2. Deny

A peer to peer discussion is always available!

Validity Period and Notification of Determination

Notification	Denial Notification
Care Registration/preauthorization validity period • Care Registration: eight visits to be used within a ninety (90) day period. If a period of 90 days has elapsed since the end of any prior treatment plans, another initial request for care must be submitted to NIA Magellan • Preauthorization: Ninety (90) calendar days from evaluation date	**Complaints/Denials Instructions** • For preauthorization complaints or denials, providers are asked to follow the instructions provided in their denial letter

Rehabilitative and Habilitative Physical Therapy and Occupational Therapy Provider Network

Physical Therapy and Occupational Therapy Provider Network:

- Prevea360 will use the Prevea360's network of Physical Therapy and Occupational Therapy Providers as it's preferred providers for delivering outpatient PT and OT services to Prevea360 members.

★ **Rehabilitative:** services geared toward re-acquiring a skill that has been lost or impaired
★ **Habilitative:** services provided to help acquire a skill in the first place Ex: walking or talking

Habilitative Therapy - New Benefit for 2016

Habilitative therapy is a new benefit for **some** Prevea360 members in 2016.

A Habilitative benefit was added to a number of Prevea360 policies upon renewal in 2016. Plans that have a habilitative benefit will no longer have a limited developmental delay benefit because developmental delay is considered a habilitative diagnosis.

Some policies will continue to exclude coverage for therapy services related to the diagnosis of developmental delay. It is imperative that you verify a member's benefits PRIOR to requesting services with NIA/Magellan.

Requesting services for a benefit that the member does not have results in denial of those services.

Claims submission for Habilitative:

- First Modifier – continue to bill the GN, GO, GP modifier indicating the type of therapy
- Second Modifier – Add SZ to designate the services as habilitative

Habilitative services and devices are those services and devices that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Where do I direct authorizations for Habilitative Services?

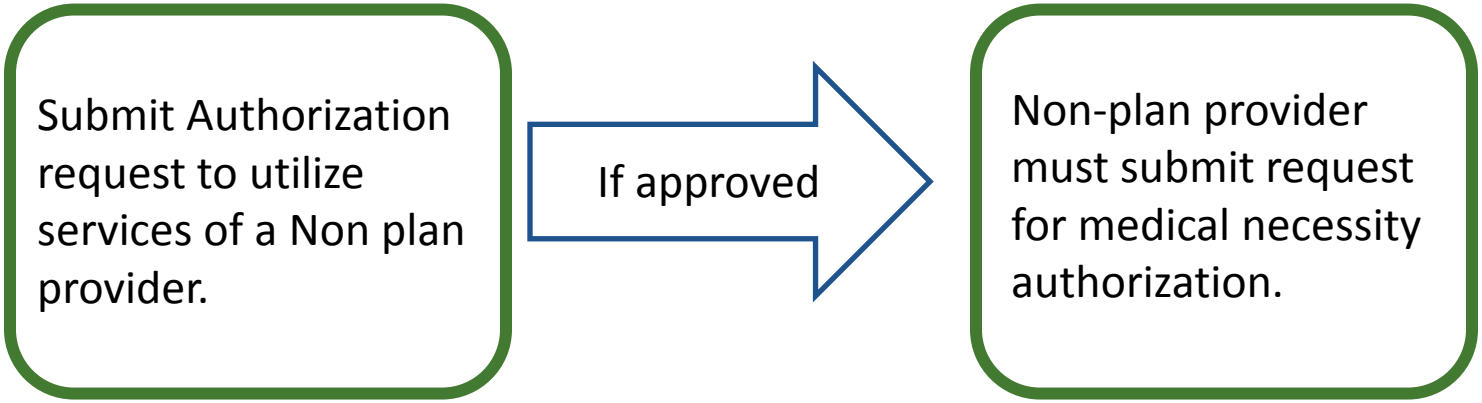
The habilitative physical medicine benefit will be effective upon renewal in 2016 for the majority of our groups. Until all of these groups have renewed, however not all authorizations will be directed to NIA. The table below provides guidance of the benefit and which organization the authorization request should be directed to:

Authorization Submitted To:

Type of Habilitative Benefit	Prevea360	NIA
Habilitative Visits		X
4 Developmental Delay Visits	X	
BadgerCare Birth to 3 auths only	X	
No Developmental or Habilitative Benefit	X	

Reminder: Out of Network Authorizations for HMO/EPO

If the member is a HMO/EPO member and the request is for services with a non-plan provider two (2) authorizations will still be required.



Authorization	Prevea360	NIA
Approval for use of the non-plan provider	X	
Medical Necessity of the Services		X

Claims

How Claims Should be Submitted	Claims Appeals Process
• Physical Therapy and Occupational Therapy providers should continue to send their claims directly to Prevea360 Health Plan. • Providers are strongly encouraged to use EDI claims submission.	• In the event of a prior authorization or claims payment denial, providers may appeal the decision through Prevea360 Health Plan. • 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.

Provider Tools

- **Toll free authorization and information number** – 1-866-307-9729
  Available 7 a.m. - 7 p.m. CST
  - Interactive Voice Response (IVR) System for authorization tracking

- RadMD Website – Available 24/7 (except during maintenance)
  - Request care registration/preauthorization and view status
  - Upload additional clinical information
  - View Internally Developed PT/OT Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents

Confidentiality Statement for Providers

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to NIA Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health Services, Inc.

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Thanks