Superior HealthPlan
Provider Training Program
NIA Program Agenda

Introduction to NIA

Our Program

1. Authorization Process
2. Other Program Components
3. Provider Tools and Contact Information

RadMD Demo

Questions and Answers
A Unique Vision of Care

As the nation’s leading specialty health care management company, we deliver comprehensive and innovative solutions to improve quality outcomes and optimize cost of care.
## NIA Highlights

### NIA Facts
- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Headquartered in Scottsdale, AZ
- Business supported by two National Call Operational Centers

### Industry Presence
- 80 Health Plan Clients serving 27.32M National Lives
  - 15.77M Commercial;
  - 1.41M Medicare;
  - 10.14M Medicaid
  - 41 states

### Clinical Leadership
- Strong panel of internal Clinical leaders – client consultation; clinical framework
- Supplemented by broad panel of external clinical experts as consultants (for guidelines)

### Product Portfolio
- Advanced Diagnostic Imaging
- Cardiac Solutions
- Radiation Oncology
- Musculoskeletal Management (Surgery/IPM)
- Chiropractic Care, Speech Therapy, Physical and Occupational Therapies
- Provider Profiling & Practice Management Analysis

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URAC Accreditation & NCQA Certified
NIA’s Prior Authorization Program

Effective: August 1, 2010
Revised: April 10, 2018

Only non-emergent procedures performed in an outpatient setting require authorization with NIA.

<table>
<thead>
<tr>
<th>Superior HealthPlan</th>
<th>Modalities Requiring NIA Prior Authorization</th>
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<tr>
<td>STAR+PLUS Members</td>
<td>CT/CTA</td>
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<td>MRI/MRA</td>
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<td>PET Scan</td>
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<td>CCTA</td>
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<td>Echocardiography</td>
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Excluded from Program:
Procedures Performed in the Following Settings:

- Hospital Inpatient
- Observation
- 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
- Defer to Health Plan Policies for Procedures not on Claims/Utilization Review Matrix
Responsibility for Authorization

Ordering Provider
Responsible for obtaining prior authorization

Rendering Provider
Ensuring that prior authorization has been obtained prior to providing service

Recommendation to Rendering Providers:
Do not schedule test until authorization is received
Prior Authorization Process Overview

1. Ordering Physician
   - Submit Requests by Phone
     - Or Online Through RadMD
       - www.RadMD.com
   - Information evaluated via algorithm and medical records
2. Rendering Provider Performs Service
3. Claim
4. Service Authorized
Clinical Decision Making and Algorithms

- Guidelines are reviewed and mutually approved by Superior HealthPlan and NIA’s Chief Medical Officers.
- NIA’s algorithms and medical necessity reviews collect key clinical information to ensure that Superior members are receiving appropriate care prior to more invasive procedures being performed. Our goal – ensure that Superior members are receiving the appropriate level of care.
- Clinical Guidelines available on www.RadMD.com
Patient and Clinical Information Required for Authorization

**GENERAL**
Includes things like 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

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, pain management, sleep management)
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 Provider: Request for Additional Clinical Information

• A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet.

• The Fax Coversheet Form will be available on www.radmd.com, when case is entered and if it pends for clinical review.

• 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

- Two ways to submit clinical information to NIA
  - Via Fax
  - Via RadMD Upload
- Use the Fax Coversheet (when faxing clinical information to NIA)
- Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center at 1-800-218-7508.

Be sure to use the NIA Fax Coversheet for all transmissions of clinical information!
Prior Authorization Process

Intake level

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

Initial Clinical Review

- Nurses will review request and may:
  1. Approve
  2. Send to NIA physician for additional clinical review

Physician Clinical Review

- Physicians may:
  1. Approve
  2. Deny

A peer to peer discussion is always available!
## Notification of Determination

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<th>Denial Notification</th>
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<td><strong>Authorization Validity Period</strong></td>
<td><strong>Appeal Instructions</strong></td>
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<tr>
<td>• 30 days from call in date.</td>
<td>• In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.</td>
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**Unauthorized Use Prohibited**
NIA’s Urgent Authorization Process

Urgent Authorization Process
If an urgent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review 1-800-218-7508
Program Components

- Provider Network
- Facility Site Selection
- Claims and Appeals
- Radiation Safety
Advanced Imaging Provider Network:

- Superior will use its network of Free-Standing Imaging Facilities (FSFs), Hospitals, and In Office Providers as it’s preferred providers for delivering outpatient CT/CTA, MRI/MRA, CCTA, Echocardiography, Stress Echo and Nuclear Cardiology/MPI services to Superior members throughout Texas.
How Facilities Are Selected

An integrated approach to helping providers and consumers select high quality, convenient, and cost effective facilities for advanced imaging services.

NOTE: Primary consideration is always the clinical aspect of the member when making facility recommendations.

GOALS:
• Educate the member and the ordering provider on imaging facility choices and potential cost implications.
• Enhance the member experience by helping them select a facility that is convenient and by offering to help schedule in-network services.
• NIA and the member together will make the imaging provider choice (except when clinical needs of the member exempt the request from the Facility Site Selection process).
During prior authorization, NIA will contact the member to help them select a facility based on:

- Facilities meeting NIA’s quality requirements.
- Location.
- Convenience services important to member.
How Claims Should be Submitted

• Rendering providers/Imaging providers should continue to send their claims directly to Superior.
• Providers are strongly encouraged to use EDI claims submission.
• Check on claims status by logging on to the Superior’s Secure Provider Portal at Provider.SuperiorHealthPlan.com

Claims Appeals Process

• In the event of a prior authorization or claims payment denial, providers may appeal the decision through Superior.
• 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.

NIA has developed Radiation Awareness Tools and Safety Programs designed to create patient and physician awareness of radiation concerns

**NIA’s Radiation Safety Tools**

**Radiation Awareness Education**

- Promote Provider and Member Awareness and Education

**Radiation Calculator**

[www.radiationcalculator.com](http://www.radiationcalculator.com)

Over 8,000 visits to the website from 89 countries

Apple, Android and Facebook App available

- Average rating: 4 out of 5 stars
Provider Tools

– **Toll free authorization and information number – 1-800-218-7508**  
  Available 7am -7pm CST  
  o Interactive Voice Response (IVR) System for authorization tracking.

– **RadMD Website – Available 24/7 (except during maintenance)**  
  o Request authorization (ordering providers only) and view authorization status.  
  o Upload additional clinical information.  
  o View Clinical Guidelines, Frequently Asked Questions (FAQs) and other educational documents.
Ordering Provider: Getting Started on RadMD.com

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 radiology exams”
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.
Rendering Provider: Getting Started on RadMD.com

STEPS:
1. Click the “New User” button on the right side of the home page.
2. Select “Imaging Facility or Hospital that performs radiology exams”
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.

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.

Which of the following best describes your company?
- Imaging Facility or Hospital that performs radiology exams
- Health Insurance company
- Physician’s office that orders radiology exams
- Cancer Treatment Facility or Hospital that performs radiation oncology procedures
- Physician’s office that prescribes radiation oncology procedures

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.
Dedicated Provider Relations Contact Information

NIA Dedicated Provider Relations Manager:

Name: Kevin Apgar
Phone: 916-859-5080
Email: kwapgar@magellanhealth.com
Confidentiality Statement for Providers

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Thanks