National Imaging Associates, Inc. (NIA) Frequently Asked Questions (FAQ's) For NH Healthy Families Providers Post Service Therapy Review Program

Question	Answer
GENERAL	
Who is National Imaging Associates, Inc. (NIA)?	NIA is a specialty healthcare management company which delivers comprehensive and innovative solutions to improve quality outcomes and optimize cost of care. NIA will be managing post service therapy requests for Physical, Occupational and Speech Therapy Services as of March 1, 2018. Prior authorization is not required for the first 80 units.
When will this Post Service Therapy Review program begin?	Effective March 1, 2018, NIA may request clinical documentation to support the medical necessity and appropriateness of the care for the first 80 units. There is no need to send patient records at that time. NIA will notify you if records are needed. Physical, Occupational and Speech Therapy claims will be reviewed by NIA peer consultants to determine whether the services met/meet NH Healthy Families policy criteria for medically necessary and medically appropriate care.
Why is NH Healthy Families implementing a Therapy Post Service Review Program?	We are implementing a post service review program to ensure patients are receiving the right care, in the right place, at the right time. This includes ensuring the care rendered is in compliance with standard therapy practice and evidence based practice, is provided at the appropriate intensity, and that this care is supported by medical records. You do not need to send in clinical information unless it is requested.
Which NH Healthy Families members are covered under this relationship and what	NIA's post service therapy review program applies to NH Healthy Families Medicaid members. The post service therapy review program does not apply to Ambetter members.

networks are used?	
Does NIA require prior authorization of these services?	• While the PT/OT/ST services provided by participating providers will no longer require a prior authorization as of March 1, 2018, any service which exceeds the NH Medicaid service limit of 80 units (any combination of therapy) does require a prior authorization in accordance with NH Medicaid Administrative Rule He-W 530.07. • ABA therapy under the behavioral health benefit will not be managed by NIA.
Do out of network providers require prior authorization for therapy services?	Out of network providers must contact NH Healthy Families to register prior to rendering therapy services. Any services rendered by out of network providers are still subject to *post-service* review.
After 80 units, is prior authorization necessary if NH Healthy Families is NOT the member's primary insurance?	No.
What therapies will NIA be reviewing post service?	NIA will be managing Physical, Occupational and Speech therapies post service. ABA therapy under the behavioral health benefit will not be managed by NIA.
How many therapy visits can a member have before the claims go to medical review?	Providers will need to ensure that the member has not exhausted his/her Physical, Occupational and Speech Therapies' benefit and/or has a habilitative benefit prior to providing services. Please contact NH Healthy Families for member benefits. The purpose of NIA is to review medical necessity of Physical, Occupational and Speech services, and not to manage the member's benefits.
If no prior authorization is needed for the first 80 units, do original evaluations need	NIA will notify you if clinical documentation, which would include the original evaluation is needed for therapy services up to 80 units. Providers will be able to upload requested documents on the NIA website (www.RadMD.com) or via fax at 1-800-784-6864. After 80 units, therapy providers are able to request prior authorization from NH Healthy Families via the internet (www.nhhealthyfamilies.com) or

to be sent? If so, where are they sent?	by calling NH Healthy Families at 1-866-769-3085, or via fax at 866-270-8027.
What is the fiscal year time period for the 80 allotted units?	The fiscal year of the 80 allotted units is July 1st through June 30th.
Can I utilize the standardized NH Medicaid form for obtaining prior-authorization?	The Standardized one-page Prior Authorization Request Form can be used to obtain service authorization for members that require prior authorization for therapy services. Here is a link to access that form: https://www.nhhealthyfamilies.com/content/dam/centene/NH%20Healthy%20Families/Medicaid/pdfs/MCM-Standard-Prior-Authorization-Form-201603111.pdf
POST SERVICE REVIEW PROCESS	
How will providers be notified if medical records/clinical information is needed for the therapy services?	If clinical information/medical records are needed, the provider will be notified via fax and telephonically. Three attempts will be made by NIA to obtain this information before the claim is denied for lack of information. In the case of a lack of information denial, please submit the clinical information requested as soon as possible for medical necessity review and potential adjustment of the denied claim. If the provider disagrees with the NIA determination after the receipt and review of clinical information, a reconsideration can occur within 48 calendar hours. The appeal rights are outlined in all denial notifications.
I think NIA may have an incorrect fax number for my office, How do I change the fax number so I receive faxes from you?	It is important that NIA have the correct fax number for you to receive requests for clinical information/medical records. You may send the updated fax number to following email address: TherapyUpdates@magellanhealth.com.
How much time will be allowed to return the requested information before the claim is denied for lack of information?	Providers have five days from the date of notification to send NIA their clinical information/medical records.

How do providers submit medical records to NIA?	Medical records can be uploaded onto RadMD or faxed to: 1-800-784-6864. The fax you receive requesting information will include a fax coversheet. You will also receive a tracking number for your case whenever records are requested. You can use this tracking number on RadMD to upload your records and/or to find out more information on the case, including additional member and case identifiers.

What information will be required when NIA requests the patients' medical records/clinical information:	The following information will be required when NIA is requesting clinical information:
	
	• Therapy Order/Referral (if required)
	• Name and office phone number of ordering physician
	• Member name and ID number
	• Pertinent therapy records including the initial evaluation, any re-evaluations, recent treatment notes, a recent progress note, and/or a discharge summary
	• Documentation such as progress notes and/or a discharge summary from a recent or concurrent episode of care
	• All documentation must comply with Clinical Guideline: Record Keeping and Documentation Standards. This includes, but is not limited to:
	    • Inclusion of appropriate patient history, diagnosis, prognosis and rehab potential
	    • Objective tests and measures
	    • Treatment goals and a plan of care including frequency and duration of services provided
	    • Additionally, these items must be updated on a regular basis and included as part of a therapy progress note.

How do providers upload clinical information on RadMD.com?	To upload clinical information/medical records on RadMD, follow this procedure:
	1) Enter the tracking number given to you in the 'Track an Authorization' look-up tool (in upper right quadrant of the RadMD home page).
	2) Click on the 'Go' button.
	3) If a warning message appears that states "This is an NIA computer system for the use of authorized users…", click on "OK".
	4) RadMD presents the information for that tracking number (no patient information is shown):
	    a) Procedure
	    b) Physician name
	    c) Date requested (which may the date the review was requested or the date that the request for records was created)
	5) Click the "Upload Document" link (under the "date/status" section).

	6) System presents the “Verify the Patient…” page; Complete the following required fields: a) Patient’s Last Name b) Patient’s First Name c) Patient’s Date of Birth 7) Click on “Continue to Upload Additional Clinical Information”. 8) On the “Upload Additional Clinical Information” page, click the “Browse”’ button. 9) Find the desired file in your system. a) Medical records need one of the following extensions: .doc, .gif, .png, .jpg, .tif, .tiff, .pdf, .txt b) Digial images will have either a .dcm or .zip extension (multiple images should be in a zip file) c) Click ‘Open’ button; RadMD system presents the file path and file name in the text field 10) Click on the “Upload Document” button. The upload process may take several minutes, depending on your internet connection speed. You should be able to do other tasks on your system while the upload is in process. When upload is successful, RadMD will present the following message to user: “You have successfully uploaded the following file to National Imaging Associates: <<filename>>”
Where will providers send their therapy claims?	Providers will not send claims directly to NIA. All claims should continue to be submitted to NH Healthy Families. It is important that the provider submits the claims as soon as possible so the review process can begin. Failure to submit records will result in an insufficient information denial.
How long from the receipt of claim until a determination is made?	A determination (approval, medical necessity denial, or insufficient denial) will be issued within 5 calendar days of NIA pending the claim for review. As of 3/16/18, the timeframe has been extended to 14 calendar days, which will allow providers more time to submit clinical documentation to NIA. We encourage you to submit these records timely upon receipt of a request for records from NIA to allow adequate time for peer review and discussion as necessary.
Where did NIA’s medical policy/clinical guidelines come from?	NIA leverages both internally developed and nationally recognized externally contracted guidelines. Our internally developed guidelines have been developed by a board of clinical specialists, including physicians and therapists, in conjunction with other client health plans and professional organizations. Our contracted guidelines, through Apollo Managed Care, consolidate and continuously update the most recent and highest quality literature to establish and defend standard therapy practice. NIA Clinical Guidelines can be accessed at www.RadMD.com.

Will clinical guidelines be available?	NIA's Clinical Guidelines are available on RadMD by selecting Solutions and then Physical Medicine at the top of the page. Web Link: http://www1.radmd.com/solutions/physical-medicine.aspx
Who will be performing the clinical reviews and what type of credentials and expertise do the reviewers have?	The clinical reviews are performed by NIA reviewers, who are all specialty-matched peers. This includes licensed and practicing Physical Therapists, Occupational Therapists, Speech Language Pathologists and Physicians with backgrounds in various relevant clinical settings (i.e. pediatrics, orthopedics, school-based therapy, home care, neurology, skilled nursing, etc.).
What type of provider settings will be subject to this post service therapy review?	All outpatient therapy services which may include the following places of service: outpatient office, outpatient hospital, home health and skilled nursing facility (under outpatient benefit only).
I see Skilled Nursing Facility services are listed under the scope of this program. I thought this only included outpatient therapy?	Skilled nursing facility only refers to the place of service. These services are only managed by NIA when they fall under a patient's outpatient therapy benefit. For Medicare patients this would be their Part B benefit and for Medicaid, this occurs if the member has exceeded their inpatient benefit and/or if services ever fall under their outpatient benefit set. Please contact NH Healthy Families if you have any questions on your specific benefit set or what constitutes inpatient services.
RECONSIDERATION AND CLAIMS PROCESS FOR THERAPY MANAGEMENT	
What if the therapist disagrees with NIA's determination?	Prior to any medical necessity denial, we offer a peer-to-peer discussion with one of our specialty matched peer reviewers. We also will informally engage with providers during the review process at times prior to making a denial recommendation. If after a determination is made, the provider disagrees with the determination, a reconsideration can occur within 48 calendar hours. Finally, the appeal rights are outlined in all denial notifications.
What will be the appeals process?	Claim appeals are handled by NH Healthy Families. Medical necessity appeals are managed by NIA, providers should follow the process outlined in the letter. If the denial was for insufficient clinical information or failure to submit medical records to NIA, providers can fax records with the original fax cover sheet to NIA within 180 calendar days of the adverse determination without going through the formal appeals process.

How does this new program impact claims payment for these services?	The claims payment process is not changing. Claims will still be submitted to NH Healthy Families and processed within the required time frame. One of three determinations will be reached for any claim that pends for review: • Meets medical necessity/approved, • Does not meet medical necessity/denied, • Or insufficient information received/denied
Do all claims pend?	No. Our data driven claims analysis incorporates patient and provider information to identify a subset of claims for clinical validation/records review. Pending of a claim does not necessarily indicate a risk of denial, it simply means clinical validation is required to support the services billed.
Will a claim initially be considered pended rather than denied?	Yes
How will providers be notified?	Providers will be notified by fax. NH Healthy Families will also release the claim with a description code (subject to change). Providers are only notified if a case is pended and approved. If a claim passes right through without pending first, no notification is sent.
Can you please explain the post service review process?	The Post Service Review includes the following: (1) Treatment rendered (2) Claims will be sent to NH Healthy Families with applicable therapy modifiers (GP/GN/GO). (3) Claims are reviewed by NIA to identify any clinical indicators requiring clinical validation/records review. (4) Clean claims are returned to plan for payment (5) Pended Claims - NIA will request records requested & reviewed (6) Medical records will be reviewed for medical necessity (7) The plan will finalize claims payment based on these determinations: 1. Did not meet medical necessity criteria 2. Had no records submitted 3. Approved
How will current patients be affected by this change? Will we stop billing the	In the interest of continuity of care, we would honor any existing authorizations that were in place prior to a member transferring to NH Healthy Families prior to NIA taking over management of these services. These claims should proceed as normal over to NIA. If a member case were to pend for clinical records, we would ask that you

authorization number we have already obtained for any treatment after March 1, 2018?	fax in the existing authorization notice of the clinical records from the previous NH Healthy Families in place. We will then be able to pass the claim back to NH Healthy Families with recommendation to pay and prevent any other claims submitted during that time period from pending. Once that pre-existing authorization period has ended or visits had been completed, future claims would follow the normal process for potential pend and review.
If a patient returns for a second evaluation in the same year, will prior authorization not be required like it is now?	NIA is not performing prior authorization for therapy management. This is a post service review program only. Providers should only perform what is medically necessary and if you provide services outside the norm, you should be prepared to support it with clinical documentation. Any benefit exclusions related to the billing of multiple evaluations are subject to NH Healthy Families' certificate of coverage.
If the service *is* determined medically necessary, will the provider be notified or will the claim just be released for adjudication?	Yes, the provider will be notified when a case that is pended for medical records is approved based on the review of these records. Keep in mind, you will only be notified if a case is pended and approved. If a claim passes right through without pending first, no notification is sent. *You will need to ensure that the member has not exhausted his/her PT/OT/ST benefit and/or has a habilitative benefit prior to providing services.*
How will claims be adjudicated/paid?	NH Healthy Families providers and members will be notified of the determination of any claim that pends. If clinical records are requested and received, NIA will issue an approval or denial based on the medical necessity supported by those records. If clinical records are requested, but not received, NIA will issue a denial for lack of clinical information. If/when that clinical information is received, NIA can then issue a medical necessity determination (approval or denial) and an adjustment on the previously denied claim can be made. NIA will work with the NH Healthy Families on these adjustments. There is no need for the provider to resubmit the claim. If you receive a medical necessity denial, you will receive a notification that outlines the re-review options and appeal rights.
Who can a provider contact at NIA for more information?	Providers can contact, April Sabino, Provider Relations Manager, at 1-800-450-7281 ext. 31078 OR 1-410-953-1078 OR ajsabino@magellanhealth.com. NIA Customer Care Associates is available to assist providers at 800-424-5391.

	ABA Contacts – NIA: Karen Froyum, VP Clinical Care Services at kafroyum@magellanhealth.com. NH Healthy Families: Cherie Bammarito, Care Manager and Cheryl Fisher, EPC.