



National Imaging Associates, Inc. (NIA)¹ Post Service Therapy Management Training for NH Healthy Families

Provider Training

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¹National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.



Program Agenda

1. Program Description
2. Process Overview
3. Provider Support and Contact Information

Therapy Management Post Service Review Program Description



Procedures to be Reviewed:

Effective March 1, 2018, NH Healthy Families will be collaborating with NIA to evaluate Physical, Occupational and Speech post service therapy services for medical necessity for the first 80 units. 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.

Targeted Procedures:

- **Physical Therapy**
- **Occupational Therapy**
- **Speech Therapy**

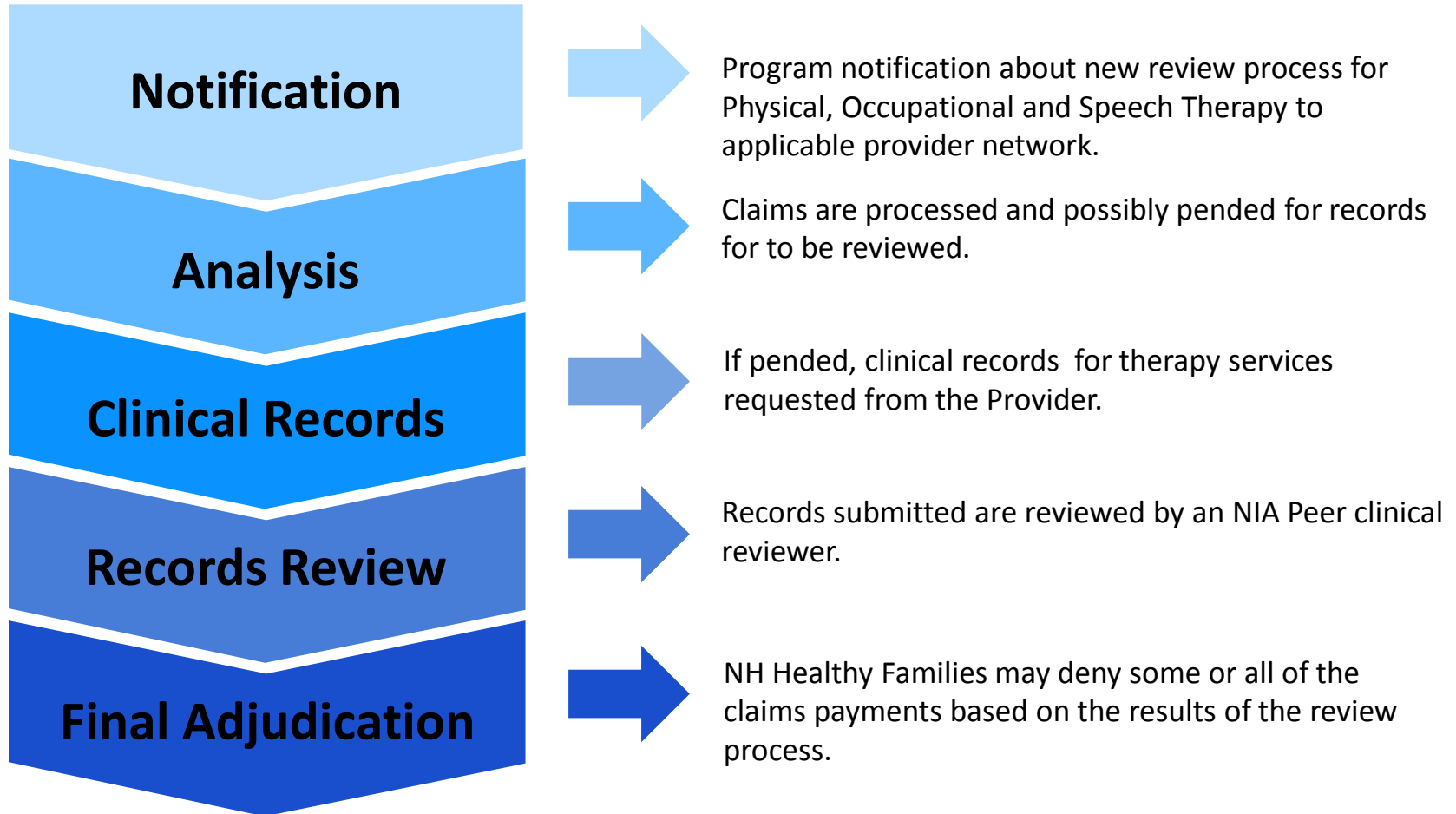
The scope of the program is for **outpatient** therapy services only. This may include the following places of service:

- Outpatient Office
- Outpatient Hospital
- Skilled Nursing Facility (outpatient benefit only)
- Home Health

Clinical Objectives:

- Rehabilitative – Acute Episode Management
- Habilitative – Management of episodic care thought development

Components of the Therapy Management Post Service Review Program



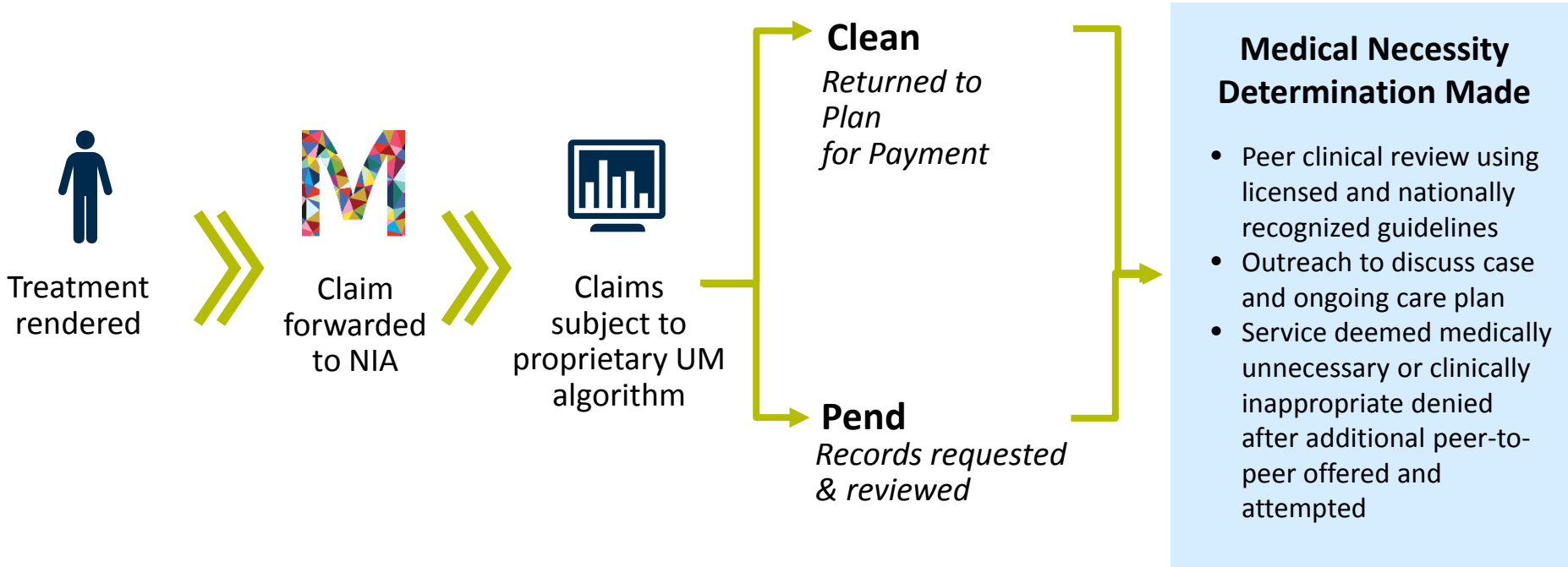
Prior Authorization Process after 80 Units

- 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.
- After 80 units, therapy providers are able to request prior authorization from NH Healthy Families via the internet (www.nhhealthyfamilies.com), or by calling NH Healthy Families at 1-866-769-3085, or via fax at 1-866-270-8027.
- The fiscal year for the allotted 80 units is July 1st to June 30th.
- 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>
- NIA will provide a consultative medical necessity review and share that recommendation (approve/deny) with NH Healthy families. NIA will attempt a peer to peer discussion if a denial recommendation is made
- NH Healthy Families will make the final determination and notification. Payment of claims is dependent on this authorization and any other benefit criteria established by NH Healthy Families.

Process Overview



Post Service, Pre Adjudication Review Process



- No prior authorization prior to rendering services
- Clinical algorithms that identify cases for review are driven by real-time data and analytics
- Clinical Review process conducted by specialty matched peer clinical reviewers

Therapy Management



Expertise in managing the quality and appropriate utilization of therapy services



Comprehensive patient and provider level approach: clinically-based algorithm incorporates **provider and patient** demographics to identify cases requiring clinical validation



Appropriate Intensity, Frequency and Volume of services: underutilization or overutilization of services, visit content and frequency; right care, right place, right time.



Billing practices: ensure compliance with appropriate billing practices, including out of scope, revenue inflation and/or unbundling



Duplication and coordination of services: seeing multiple same discipline therapists or both PT and OT and coordination between providers

Process Steps

Claims Submitted

- Claims will be sent to NH Healthy Families with applicable therapy modifiers (GP/GN/GO).
- Claims will be submitted to NIA for review of appropriateness of care/medical necessity.

Records Requested

- Claims may pend for clinical records based on clinical indicators.
- Providers have five days from the date of notification to send NIA their clinical information/medical records. 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.
- Records can be uploaded to www.radmd.com or faxed to NIA at 800-784-6864.
- NIA peer clinical reviewers will make a final determination of medical appropriateness of past and potential future services within a given episode of care.
- Medical necessity determination is based on established clinical guidelines in concert with plan and state requirements.

Claims Adjudicated

- NH Healthy Families providers and members will be notified of final determinations.
- Claims will be adjudicated based on final determination; including the potential for denied claims if medical necessity criteria is not met or requested clinical records are not received in a timely manner for review.

Clinical Documentation Required for Reviews

- Pertinent therapy records including the initial evaluation, any re-evaluations, a recent progress note and recent treatment notes.
- Documentation such as progress notes and/or a discharge summary from a recent or concurrent episode of care as appropriate.
- 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
 - Standardized Tests and/or Functional Outcome Measures, including updates/reassessments at appropriate intervals
 - Objective tests and measures
 - Treatment goals that are functional and measureable, 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

*Full Guideline available on RadMD.com

Clinical Documentation Submission



Internet Upload

Providers who have access to the internet can upload records via NIA's secure, HIPAA-compliant portal **[www. RadMD.com](http://www.RadMD.com)**.

Fax with Fax Cover Sheet

Providers can fax medical records using the Fax Cover Sheet supplied with the Records Request.

Review Results

The NIA Therapy reviewer will make one of the following determinations:

- The services met criteria* (approved)
- The services did not meet criteria* (denied)
- No clinical information was received in order to make a determination (Insufficient Information denial). **



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, this time frame will be extended to 14 calendar days. It is essential that records be submitted timely upon receipt of a request for records from NIA to allow adequate time for peer review and discussion as necessary.

The plan will pay/deny claims based on these determinations:

- Approved
- Deny – did not meet medical necessity criteria
- Deny – had no records submitted **

*Procedures will be evaluated based on clinical guidelines.

**Denial notification will include appeal rights, however, need only submit clinical information that was requested to re-open case for medical necessity review and adjustment of the claim.

Clinical Review: Medical Necessity Determinations



Federal / State Requirements

- State Medicaid programs, definitions, terms of coverage and guidelines where vocal take precedence

NH Healthy Families Specific Coverage

- Certificate of Benefits or other plan specific criteria, inclusions or exclusions

NIA Clinical Management

- Incorporate federal and state requirements, NH Healthy Families specific criteria and where state and plan guidance are silent, use of internally developed Clinical Guidelines and externally contracted, nationally recognized guidelines
- Specialty matched clinical experts perform clinical validation to ensure records support medical necessity, comply with standard clinical practice and appropriate billing practices
- Peer-to-peer consultation opportunity prior to issuing an adverse determination



Appeals & Consultations



Appeals and Reviewer Consultations

Lack of Clinical Denial

- If a request is closed for lack of clinical information received, records may be submitted to NIA for review for determination without formal appeal. NIA will initiate the claim adjustment process with the plan upon review of the available information.

Medical Necessity Denial

- **Re-review** of an adverse determination is allowed within 48 calendar hours.
- **Appeals**
 - Claim appeals are handled by NH Healthy Families.
 - *Providers are required to submit a request for appeal to the plan upon receipt of claim denial.*
 - Medical necessity appeals are managed by NIA.
 - *Follow the process outlined in the letter.*

Provider Support



Additional Information for Providers

- Members must be held harmless.
- Procedures are evaluated based on established criteria. Clinical Guidelines are available on www.RadMD.com.
- Clinical review process is conducted by NIA specialty matched peer reviewers.
- NH Healthy Families may deny claims payments for services that:
 - *did not meet criteria*
 - *did not receive sufficient or any clinical information*
- Medical necessity denials can be appealed through NIA. All other claims appeals are processed through NH Healthy Families.
- NIA Customer Care Associates is available to assist providers at 800-424-5391.

Provider Relations Contact Information



NIA Provider Relations Manager:

April Sabino

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Thanks

