Mountain State Blue Cross Blue Shield
Provider Training Program
Provider Training Program Agenda

- Welcome and Opening Remarks
- About NIA
- The Provider Partnership
- The Program Components
- The NIA Privileging Program
- How the Program Works:
  - The Authorization Process
  - The Authorization Appeals Process
  - The Claims Process
  - The Claims Appeals Process
- Provider Self-Service Tools
- Provider Communication and Service as High Priority
- NIA Provider Relations and Contact Information
- Navinet
- Questions and Answers
About NIA

- National Imaging Associates (NIA) -- chosen as the solution for National and Regional Health Plans covering more than 19 million lives due to:
  - Distinctive clinical focus.
  - Accredited by NCQA and URAC-certified.
  - Innovation and Stability -- Parent is Magellan Health Services -- enhances operational competencies, IT capabilities and patient support tools; affords financial stability for growth and continued investment in innovative technology.

- Focus / Results: Maximizing diagnostic services value; promoting patient safety through:
  - A clinically-driven process that safeguards appropriate diagnostic treatment for Mountain State beneficiaries.
The NIA Provider Partnership Model

• Dedication to Provider Service and Convenience
  • Dedicated PR staff
  • Authorization Call Center
  • Education and Training Programming
  • Ongoing Outreach to Providers – ordering provider surveys, individual ordering / rendering practice retraining, satisfaction surveys, etc.
Outpatient Imaging Program Components

- **Utilization Management/Authorizations:** NIA's proprietary, evidence-based decision support algorithms support scripting for call center representatives or online, leading to quick procedure approval or consultation with our radiology experts.

- **Provider Privileging: Beginning January 2012:** The program includes privileging of Mountain State contracted providers and Mountain State's in-office providers for advanced and cardiac imaging. The program promotes continuous quality improvement, provides scope of practice limitations and enables consumers to make educated health care decisions.
The Privileging Process for Rendering Providers
NIA’s Privileging Program

• NIA has a Comprehensive Program for Evaluating Imaging Providers Selected to Participate in the Mountain State Outpatient Imaging Program

• Primary Purpose of the NIA Privileging Program:
  • To ensure Mountain State imaging providers meet minimum standards required to adequately perform the technical and professional components outlined in the outpatient imaging program.

• Select information feeds the Consumer Portal – enables consumers to make educated health care decisions. Consumers have the added assurance that all NIA privileged imaging providers meet the high technical and professional standards required to deliver imaging services safely.
The Authorization Process
NIA Prior Authorization is required for:

- **Non-Emergent Outpatient:**
  - CT/CTA
  - MRI/MRA
  - PET Scan
  - CCTA
  - Nuclear Stress (MPI)
  - Nuclear Cardiology

- Prior Notification will be required for:
  - Stress Echo

- Any code that is specifically cited in Mountain State-NIA Billable CPT Codes Claims Resolution Matrix handout.
- All other procedures will be adjudicated and processed by Mountain State per their payment policy.
- Mountain State commercial health plans, including Super Blue Plus PPO, Super Blue Select Point of Service (POS), Steel, West Virginia Small Business Plan (WVSBP) and HHIC Freedom Blue Medicare Advantage Plan. The requirements will be waived for Mountain State’s Traditional Indemnity product, Bluecard and the Federal Employee (FEP) program.
NIA Prior Authorization is not required for:

- Inpatient, Observation, Emergency Room, Urgent Care and Ambulatory Surgery Facilities:
  - CT/CTA
  - MRI/MRA
  - PET Scan
  - CCTA
  - Nuclear Stress (MPI)
  - Stress Echo
  - Nuclear Cardiology
Clinical Validity of Algorithms

• NIA currently reviews more than 450,000 advanced imaging requests each month.

• All algorithms and guidelines are reviewed and approved by Mountain State Medical Directors.

• Algorithms and guidelines were developed with input from physicians; those related to Coronary Artery Disease were validated with cardiologists.

• Consultative communication is a hallmark of NIA – who has a team of 75 board-certified physicians representing radiology and a host of other specialties available for physician to physician discussions.

• Requests related to cardiac modalities that require physician review are reviewed by cardiologists.
NIA’s Authorization Process

- The ordering physician is responsible for obtaining prior authorization.
  - Requests for CCTA and Nuclear Cardiology that are related to Coronary Artery Disease will be reviewed using CAD-specific algorithms, which in some scenarios may suggest an alternate study.
- The rendering provider must ensure that prior authorization has been obtained and it is recommended that you not schedule procedures without prior authorization.
- Procedures performed without proper authorization will not be reimbursed.
- If the radiologist or rendering provider feels that, in addition to the study already authorized, an additional study is needed, either the radiologist or rendering provider should proceed with the additional study and contact NIA within one (1) business day to initiate the review process for medical necessity.
- If an urgent clinical situation exists outside of a hospital emergency room, the radiologist or rendering provider should proceed with the study and contact NIA the next business day to go through the normal review process.
- Separate prior authorization numbers are not needed for CT-guided biopsy, CT-guided radiation therapy and some MR-guided procedures.
The NIA Prior Authorization Process

**Agent level**
- Procedure is approved by agent
  - ~70% cases
- Case is transferred to nurse for review
  - ~30% cases

**Nurse level**
- Procedure is approved by nurse
  - ~10% cases
- Case is transferred to physician for review
  - ~20% cases

**Physician level**
- Procedure is approved by a physician reviewer
  - ~10% cases
- Case is withdrawn by the ordering physician

Physician’s office contacts NIA for prior consultation via web or telephone, 100% cases.

*Call time of approximately 5 minutes*

Typically 92% of all cases receive final determinations within 24-48 hours.
The Authorization Appeals Process
The Authorization Appeals Process

• In the event of a denial and you are not satisfied with a medical decision from NIA, you may appeal the decision.

• You will receive appeal information in the denial letter that will be sent to you.
The Claims Process
How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to the address indicated on the back of the Mountain State member’s ID card.

- Providers are strongly encouraged to use EDI claims submission with the Mountain State Payer Identification number found on the back of the member ID card.

- Check on claims status by logging on to the Mountain State Navinet Provider Web Portal.
The Claims Appeals Process
The Claims Appeals Process

• In the event of a prior authorization or claims payment denial, you may appeal the decision through Mountain State.

• Follow the instructions on your non-authorization letter or Explanation of Benefit (EOB) notification.
Provider Communication and Service as High Priority
Multi-Channel Provider Relations Strategy

Internet Offerings
- Initiate Authorization (Ordering Provider)
- Authorization Inquiry
- Privileging

IVR – Interactive Voice Response
- Authorization Inquiry

Radiology Provider

Interactive Voice Response

navinet.com / MagellanHealth.com

High Touch

NIA Provider Relations Staff
- Provider Support & Inquiries
- Provider Forums/Education
- Centralized and Regional Support
NIA Provider Relations
NIA Contact Information

- NIA Provider Relations Manager
  - Kristy S. Over
  - Phone: (410) 953-2620
  - Email: ksover@magellanhealth.com
- Providing educational tools to ordering and rendering providers on imaging processes and procedures.
- Liaison between Mountain State Provider Relations and NIA.

- Dedicated Privileging Program/Account Manager
  - Pam Harsch, Vice President
    - Phone (724) 266-7877 Cellular (724) 493-7630
    - Via e-mail at paharsch@magellanhealth.com
Navinet Website

- Mountain State is pleased to provide our network facilities, physicians and healthcare providers access to NaviNet, our provider “portal”. NaviNet gives you the power to access valuable information using the internet. Since May 2006, NaviNet has allowed providers to obtain “real-time” information about patient’s eligibility, benefits, status of claims and many other transactions.
Navinet Benefits

• What are some of the key benefits of using NaviNet?
  • NaviNet is an easy to use on-line solution and it is FREE – all that is required is a PC and access to the internet
  • Convenient hours of operation – This internet-based system provides access to information in a real-time environment.
    • Hours of Operation: 5:00 am through 3:00 am, Monday through Saturday, 5:00 am through 5 pm, Sunday
  • Eliminates costly paper transactions and lengthy telephone communications.
NIA AUTHORIZATION
SUBMISSION
VIA NAVINET

Presenter
Date
Eligibility & Benefits

NIA—A Magellan Health Company

Eligibility & Benefits

Blue Cross Blue Shield

A HIGHMARK AFFILIATE

WELCOME TO Plan Central!

Important Announcements

PRESCRIPTION DRUG BENEFIT MANAGEMENT MOVING TO HIGHMARK, EFFECTIVE JAN. 1, 2011: Medco currently manages the prescription drug benefit, including prior authorization requests for certain prescription medications, for New Blue indemnity, SuperBlue® Plus preferred provider plan, SuperBlue Select point of service plan and Highmark Health Insurance Company (HHC) FreedomBlueSM FPO Medicare Advantage plan. Effective with dates of service on or after Jan. 1, 2011, Highmark will manage the prescription drug benefit for those products. However, Medco will continue to be the claims processor for prescription drug claims for dates of service on or after Jan. 1, 2011. Click here to view the Special Bulletin, and click here to view the Prescription Drug Clinical Management Programs Summary.

MOUNTAIN STATE BLUE CROSS BLUE SHIELD 2010 WORKSHOPS UNDERWAY; FREE CEUs AVAILABLE FOR CERTIFIED CODERS: Click here to view information about our 2010 Provider Workshops, now underway. Please pick a date, and RSVP today! Also note that certified coders who attend an entire workshop will receive four American Academy of Professional Coders (AAPC)-approved continuing education units. Coders will receive certificates of completion at the end of the workshop. For more information, please contact your Provider Relations representative.

HEALTH CARE REFORM AND PREVENTIVE SERVICES: Sept. 23, 2010, is the effective date for several key provisions of the Patient Protection and Affordable Care Act of 2010 (PPACA), including preventive services. Although the legislation provides for certain changes in preventive services, please be aware that the changes are dependent on the member’s renewal date. The soonest you will see any changes in preventive service benefits will be Oct 1, 2010. NaviNet (or the appropriate HIPAA transaction) will remain the most efficient and trusted tool to verify each of your Mountain State active’s benefit and eligibility information.
# Eligibility and Benefits Details

**Patient Information**

<table>
<thead>
<tr>
<th>Member ID Number:</th>
<th>987654321001</th>
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<tbody>
<tr>
<td>Member Address:</td>
<td>104 MAIN STREET, WHEELING, WV 26003</td>
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<tr>
<td>Date of Service From:</td>
<td>08/30/2010</td>
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<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>DOE, SCOTT</th>
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<tr>
<td>Patient Date of Birth:</td>
<td>9/9/2007</td>
</tr>
<tr>
<td>Relationship to Subscriber:</td>
<td>CHILD</td>
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<td>Date of Service To:</td>
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<table>
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<tr>
<th>Other Insurance Applies:</th>
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<tr>
<td>Other Insurance Carrier:</td>
<td>COMMERCIAL</td>
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<td>Reverification Date:</td>
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<td>COB Investigation Method:</td>
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<td>COB Review Status:</td>
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**Group Information**

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<tr>
<td>Group Number:</td>
<td>09300026</td>
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<tr>
<td>Product:</td>
<td>SuperBlue Plus</td>
</tr>
<tr>
<td>Plan Area:</td>
<td>444</td>
</tr>
<tr>
<td>Group Renewal:</td>
<td>01/01/2011</td>
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<table>
<thead>
<tr>
<th>Term Date:</th>
<th>00/00/0000</th>
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</thead>
<tbody>
<tr>
<td>Group Name:</td>
<td>MOUNTAIN STATE BCBS</td>
</tr>
<tr>
<td>Advanced Imaging UM by NIA:</td>
<td>YES</td>
</tr>
<tr>
<td>Alpha Prefix:</td>
<td>ZPU</td>
</tr>
<tr>
<td>Current ID Card Info:</td>
<td>OV $15; SP $15; ER $50</td>
</tr>
</tbody>
</table>
ATTENTION PODIATRISTS -- ISSUE CORRECTED REGARDING APPLICATION OF MULTIPLE COPAYMENTS FOR MEDICARE ADVANTAGE MEMBERS: Recently, a systems issue occurred during claims processing involving the incorrect application of multiple member copayments when an evaluation and management service procedure code was reported with a podiatry service procedure code (e.g., procedure code 99212 reported with code 11721). Highmark Health Insurance Company (HHIC) has corrected this problem; and now only one member copayment is being applied in these situations. HHIC is identifying the Medicare Advantage claims affected by this processing issue and will adjust the claims automatically for payment. Providers do not need to submit claim investigations to have claims adjusted. We apologize for this inconvenience.

IMPORTANT GROUP BENEFIT INFORMATION FOR WOOD COUNTY COMMISSION: Wood County Commission's members now have a Health Reimbursement Arrangement (HRA), effective July 1, 2010. Please click here to read the details of the member's liability concerning his or her deductible. Wood County Commission members can be identified with group numbers of 09068742 or 09068743.

ATTENTION NAVINET USERS OF CLAIM STATUS INQUIRY: Recently, it was identified that claims for Highmark FreedomBlue PPO members with Alpha Prefixes FER and FEM, and any other out-of-area Medicare Advantage members, are not displaying for NavNet users when they access the Claim Status Inquiry function.

We apologize for this inconvenience; a remedy is being worked on to correct this issue. Inquiries regarding...
Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):

Service Provider: JONES, JOHN - FAMILY MEDICINE

Proposed Date of Service: 09102010

Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:

Member ID: 123456789001

Member First Name: 

Member Date of Birth: 03/20/1957

Member Last Name: 

Step 3. Please select a Category and then a Service from the selections below:

Category: Please choose one.

Please choose one.
Inpatient
Outpatient
Durable Medical Equipment
Injectable Drugs
CT Scan
CT Angiography
MR
MRA
PET Scan
Nuclear Cardiology
Prescription Drug

Service: Please choose one.

Add Category/Service

Choose your Category

Submit Save

Enter step 1, step 2 and step 3.
Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):

Service Provider: JONES, JOHN – FAMILY MEDICINE

Proposed Date of Service: 09102010

Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:

Member ID: 123456789001

Member Date of Birth: 03/20/1957

Member First Name: John

Member Last Name: Doe

Step 3. Please select a Category and then a Service from the selections below:

Category: CT Scan

Service: Please choose one.

Choose the Service, click on Add Category/Service

Category and Services Added:

- Please choose one.
- Heart
- Heart w/ Calcium Score / Ultrafast / Electron Beam
- Heart - Congenital Studies Non-Coronary Arteries
- Chest
- Sternum
- Thorax
- Abdomen
- Pelvis
- Screening Virtual Colonoscopy
- Diagnostic Virtual Colonoscopy
Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):

**Service Provider:** JONES, JOHN – FAMILY MEDICINE

**Proposed Date of Service:** 09/10/2010

Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:

**Member ID:** 123456789001

**Member First Name:**

**Member Date of Birth:** 03/20/1957

**Member Last Name:**

Step 3. Please select a Category and then a Service from the selections below:

**Category:** CT Scan

**Service:** Chest

**Category and Services Added:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT Scan</td>
<td>Chest</td>
</tr>
</tbody>
</table>

When you have selected the category and service and clicked on ‘Add Category/Service,’ your screen will look like this. Now click ‘Submit’
The Request Form page appears with the service(s) you have requested. Enter a
Referred to Provider or Referred to Facility (next slide). Remember you can store up
to 50 preferred providers or facilities.
Comments section is optional, enter comments if desired, then click ‘submit’
Confirm the Number of Exams Ordered

It appears that you are requesting only one study for this patient at this time.

Is this the only radiology exam that you are seeking to preauthorize for this patient?

No  Yes
Confirm the Physician's Phone and Fax Numbers

National Imaging Associates may need to contact the ordering physician in regards to this request.

If so, what is the best phone number to use?
(304) 111-3333

If we have information to fax to the ordering physician, what fax number should be used?
(304) 111-5555

Please re-type the fax number. This is done to ensure accuracy; PHI may be faxed to this number.
304-111-5555

Next >>
Clinical Questions

Please confirm which of the following studies you are requesting.

- Chest/Thorax CT
- Coronary Calcification Score (sometimes called EBCT)
- Coronary CT Angiography
- Cardiac or Heart CT
- None of the above
Clinical Questions

Why is this study being ordered?

- Work-up for Suspicious Mass
- Known Tumor
- Known or Suspected Inflammatory Disease or Pneumonia
- Vascular disease other than cardiac
- Suspected Pulmonary Embolus
- Follow-up Trauma
- Hemoptysis
- Pre-Operative Evaluation
- None of the above

Q/A History:

A Chest/Thorax CT is being ordered.
Your request has been forwarded to National Imaging Associates (NIA). Their reference is 043138998.

---

**Response Form**

**Tracking Number:** A023974073  
**Status:** APPROVED

**Patient Information:**
- **Patient Last Name:** DOE
- **Gender:** Female
- **Product:** SuperBlue Plus
- **Group #:** 05819910
- **Member ID #:** 123456789001
- **Patient First Name:** JACKIE
- **Date of Birth:** 03/20/1957
- **Line of Business:** PPO

**Service Details:**
- **Requested Service:** CT Scan - Chest
- **Proposed Date of Service:** 09/10/2010

**Referred To Provider:**
- **Billing Provider:**
- **Service Provider:**

**Referred To Facility:**
- **Facility:** ST. CLAIR MEMORIAL HOSPITAL 1873587110

THIS AUTHORIZATION REQUEST HAS BEEN AUTOMATICALLY APPROVED (STATUS IS APPROVED). REQUEST HAS BEEN SENT TO NIA. YOUR AUTH # IS A02397473. STATUS COULD ALSO HAVE ALSO BEEN ‘PENDED’
All authorizations submitted via NaviNet can be found on the Referral/Auth Log located under ‘Office Central’.
There are different search criteria you can use. We’ve searched based on Member ID in this example. The hyperlink under the patient name will return you to the Response Form.

<table>
<thead>
<tr>
<th>Notes</th>
<th>Patient Plan</th>
<th>DOB</th>
<th>Member ID</th>
<th>Status</th>
<th>Auth. Code</th>
<th>Referring Provider</th>
<th>Req Type</th>
<th>Req Date</th>
<th># Visits</th>
<th>Exp Date</th>
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<tbody>
<tr>
<td>DOE, JACKIE Mountain State</td>
<td>03/20/1957</td>
<td>123456789001</td>
<td>Approved</td>
<td>023974073</td>
<td>WV MEMORIAL HOSPITAL</td>
<td>Ref/Auth Submission</td>
<td>09/01/2010</td>
<td>1 app</td>
<td>N/A</td>
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</table>
Response Form

Your request has been forwarded to National Imaging Associates (NIA). Their reference is 043138998.

Tracking Number: A023974073
Authorization Number: A023974073
Status: APPROVED

Patient Information:

Patient Last Name: DOE
Patient First Name: JACKIE
Gender: Female
Date of Birth: 03/20/1957
Product: SuperBlue Plus
Line of Business: PPO
Group #: 05819910
PCP: 
Member ID #: 123456789001

Service Details:

Requested Service: CT Scan - Chest
Proposed Date of Service: 09/10/2010

Referred To Provider:

Billing Provider: 
Service Provider: 

Referred To Facility:

Facility: CT CLAIR MEMORIAL HOSPITAL

All your Authorizations can be tracked under the Referral/Auth Inquiry transaction. This will show pended, approved, denied or requests for additional information. In addition, any status change on your NaviNet submitted auths will sent back to you as an ‘Action Item’. Note the ‘flag’ icon below.
**Example A – Referral/Auth Inquiry**
The Select button will burst open more detail of this approved authorization.
Example B – Action Item Flag: Click on the orange flag, and get back ‘new/incomplete’ action items. The hyperlink under the summary will burst open the update.
Questions and Answers