Prior Authorization Services for Network Health WI

Provider Orientation
Introduction to MedSolutions, Inc.

Scope of the prior authorization requirements.

Submission of prior authorization requests to MedSolutions.

Responsibilities of the ordering provider and the rendering facility.

Resources available for more information.
Who is MedSolutions?

- Advanced Imaging
- Cardiac Imaging
- Radiation Therapy
- Ultrasound
- Cardiac Rhythm Devices (CRD)
- Premerus Diagnostic Accuracy
- Lumbar Spine Surgery
- Sleep
- Post Acute Care

MedSolutions is a medical cost management company. We believe that better healthcare is inherently less expensive. Therefore, we focus on improving the quality of patient care and outcomes, while generating cost savings as a result.

Our intelligent solutions extend beyond advanced imaging to other areas of medicine, focusing on the growing needs of Commercial, Medicare and Medicaid payors to achieve maximum cost savings and quality of care for their members.

MedSolutions is the industry’s first and only honoree to be recognized by JD Power and Associates for “Outstanding Customer Service Experience” for 4 years. We provide world-class service, focusing our efforts on quality, not quantity.
Our Guiding Principle: Patient Centric View

**Treating Physician**
Patient relies on and trusts treating physician – efficient, effective technologies and processes support evidence-based decisions.

**Clinical Approach**
MedSolutions’ “Treating Physician Model” uses evidence-based guidelines for an approach that is uniquely patient-need-centric.

**Internal Operations**
Front of Mind: A real patient’s healthcare is impacted.

**Patient**
Patient Needs:
- All the right care – quickly
- Avoid unnecessary care
- Top clinical quality
- Best price

**Member Outreach**
Member outreach provides information on cost and quality, enabling informed participation in care decisions.

**Rendering Facilities**
Quality Care at Cost-Effective Price:
- Quality equipment
- Proper training and certifications
- Convenience
Office Locations
• Headquartered in Nashville, TN
• Call centers in Melbourne, FL and Nashville, TN
• 1000+ employees

Members
• 33 million members under contract
• 21 million Commercial members
• 11 million Medicaid members
  • 4 million Managed Medicaid
  • 7 million State Medicaid
• 1 million Medicare Advantage members

Expertise
• Industry leader in Commercial, State Medicaid, managed Medicaid and Medicare Advantage Plans
• 15 years experience in managing programs
• 13 years managing risk programs
Quality and Provider Focused

Accreditations and Licensures
- Utilization Review – Licensed in all states that require licensure
- NCQA Certified and URAC Accredited

Certifications
- Quality Improvement (QIO) Certified

Lean Six Sigma
Our Clinical Approach
Clinical Platform: Multi-Specialty Expertise

**Multi-Specialty Expertise**

- 60 Board Certified Medical Directors
- Diverse representation of medical specialties
- 188 nurses with diverse specialties and experience
- Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical
Evidence-Based Clinical Guidelines

- Dedicated pediatric guidelines
- Nationally-accepted standards
- Contributions from a panel of community physicians
- Input from health plans
- Clinical presentation-based

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
MedSolutions – Service Model
The New World of MedSolutions Service Delivery

Client Service Delivery Team

The client service delivery organization is responsible for overall service delivery not only to our health plan clients, but ordering and rendering providers nationwide.

Client Service Representatives

Client Service Representatives serve as designated “intake” phone and email specialists cross-trained to handle all routine provider and health plan issues. They insure that all incoming issues are logged in our Cherwell system and tracked through to completion.

Client Service Specialists Team

The Client Service Specialist serves as primary contact for Account Executives, health plan and high profile provider clients for complex issues. The Specialists also handle escalated issues generated through the Client Service Representative team.

Client Service Delivery Managers

The Client Service Manager is a local, on the ground resource who serves as the voice of MedSolutions to the provider community.

MedSolutions has developed a unified team of designated Client Service professionals capable of researching and responding to issues from health plans and providers who are focused on delivering quality service in a timely, efficient, and effective manner.
Why Our Service Delivery Model Works

1. One centralized intake point allows for timely identification, tracking, trending and reporting of all issues. It also enables MedSolutions to quickly identify and respond to systemic issues impacting multiple providers.

2. Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

3. Complex issues are escalated to resources dedicated to specific providers, who are the subject matter experts, and can quickly coordinate with matrix partners to address issues at a root cause level.

At MedSolutions our focus is ensuring we are delivering a service experience based on a quality encounter with our team members and a singular focus on issue resolution in a timely and accurate manner.
MedSolutions Accuracy Assessment Program For Network Health WI
Performing Providers

In-office providers and imaging centers, in order to be eligible to obtain prior authorizations for diagnostic cardiac studies and ultrasounds related to this program, shall:

• Be currently contracted with Network Health WI (each physical location).

• Complete the accuracy assessment through MedSolutions and be approved for use in the program.

• Be reimbursed under this program only for procedures, products, and services that are within the scope of their clinical practice.
Network Health WI accredited hospitals are exempt from the accuracy assessment process. Hospitals will be loaded into the prior authorization system and be permitted to obtain prior authorizations. Hospital ancillary facilities must complete the accuracy assessment questionnaire.
Performing Providers

Accuracy Assessment includes the evaluation of

- The Program will base accuracy assessments on criteria adopted from the American College of Radiology (ACR), AIUM (American Institute of Ultrasound in Medicine), and Intersocietal Accreditation Commission (IAC).
- Will assess each physical location and imaging service categories listed below:
  - Outcomes Focused Cardiac Imaging
    - *Cardiac CT*  *Cardiac MR*  *Cardiac PET*  *Nuclear Cardiac*  *Echocardiography*
    *Diagnostic Heart Catheterization*
  - Ultrasound
    *Diagnostic non-OB only*
Performing Providers

This process is conducted through a questionnaire collecting information regarding:

- current accreditation
- type and maintenance of imaging and patient safety equipment
- training and qualifications of technical staff performing the imaging
- training, qualifications and imaging related experience of the interpreting physician

The questionnaire is available by visiting: www.accuracymgmt.com or by contacting the MedSolutions Accuracy Management Department at (800) 457-2759 between 9am to 6pm, EST, Monday through Friday.
Performing Providers

The Program will not approve authorization requests for services where:

• The rendering in-office provider has not completed the accuracy assessment.
• The rendering in-office provider has completed the accuracy assessment, but has not been approved.
• The rendering in-office provider has completed and passed the accuracy assessment, but the service requested was not assessed or not approved.
• The rendering in-office provider has completed and passed the accuracy assessment, but the servicing location requested was not assessed or not approved.
• The rendering in-office provider has not been approved and the authorization request is made retrospectively.
PRIOR AUTHORIZATION PROGRAM FOR NETWORK HEALTH WI
MedSolutions will begin accepting requests on **January 20, 2014** for dates of service **February 1, 2014** and beyond.

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

Prior authorization does not apply to services that are performed in:

- Emergency Room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request prior authorization approval for services.
Prior Authorization Required

- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
- Outcomes Focused Cardiac Imaging
  - (NCM/MPI, Echo/Stress Echo, Diagnostic Heart Cath)
- Ultrasound
  - (Diagnostic non-OB only)
- Lumbar Spinal Fusion Surgery

To find a list of CPT (Current Procedural Terminology) codes that require prior authorization through MedSolutions, please visit:

http://www.medsolutions.com/implementati...
Lumbar Spinal Fusion Surgery

Prior Authorizations

- Surgery
- Number of vertebrae to be fused

This program is designed to determine if lumbar spine surgery is medically necessary and if so, the number of vertebrae to be fused.

- The program uses specialty-trained nurses in a dedicated Ortho/Spine queue to ensure that all therapeutic decisions meet clinical standards.
Authorization is required for all Network Health WI members.
Prior Authorization Requests

Three ways to request prior authorization:

Internet: www.medsolutionsonline.com

Phone: (855) 727-7444
- 8:00 AM to 9:00 PM (EST)
  Monday through Friday

Fax: (888) 693-3210
- Fax forms available at www.medsolutionsonline.com or by calling MedSolutions Customer Service at (800) 572-2058
- Only MedSolutions fax forms will be accepted
Needed Information

**Member**
- Member ID
- Member Name
- Date of Birth (DOB)

**Referring/Ordering Physician**
- Physician Name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Fax Number

**Request**
- CPT Code(s) for requested imaging
- The Diagnosis Code(s) (ICD-9) for the working or differential diagnosis

**Rendering Facility**
- Facility Name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Street address

- **If clinical information is needed, please be able to supply:**
  - Prior tests, lab work, and/or imaging studies performed related to this diagnosis.
  - The notes from the patient’s last visit related to the diagnosis.
  - Type and duration of treatment performed to date for the diagnosis.
Prior Authorization Outcomes

Approved Requests:

- Processed within **14 calendar days** after of the original request.
- Decision is faxed to the ordering provider and the requested facility once medical necessity is met.
- Can be printed on demand from the MedSolutions Web Portal.

**Authorizations are good for **180 days** from the date of determination.**
Denied Requests Include:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review
- Appeal information

Delivery:

- Faxed to ordering provider
- Mailed to the member
Peer Review:

- If Peer Review is requested, MedSolutions will schedule at a time convenient to the ordering provider.

- Referring provider discussion of denial decision with one of MedSolutions’ physician reviewers.
Special Circumstances

Retrospective Studies:

- Providers must submit a retrospective request within 3 business days after the DOS.
- Services must have been urgent and medically necessary.
- MedSolutions will provide a decision within 30 calendar days.

Outpatient Urgent Studies:

- Contact MedSolutions by phone to request an expedited prior authorization review and provide clinical information.
- Urgent cases will be processed within 72 business hours.
Changes to Approved Authorizations

Changes in service or rendering location:

- Contact MedSolutions to request an authorization update by phone.

- Changes to approved services must be requested within 3 business days following the date of service.
Available 24/7
If you already have a login, you do not need a new one.

If this is your first time logging in, go to “Create an Account” and follow the prompts.
WEB PORTAL SERVICES – CREATE ACCOUNT

- Be sure this number is correct
- This will be your username
Sample of Prior Authorization Request Form.
• **If you need assistance:**
  
  • Chat live with a Web support team member on any screen.
  
  • Call a Web specialist at (800) 575-4594.
Program Resources

Network Health WI Implementation Site – Copies of all Program Implementation documents.
http://www.medsolutions.com/implementation/nhpwi

• Provider Orientation – Copy of this presentation document.
• CPT Code List

MedSolutions Implementation Site – General Information
http://www.medsolutions.com/implementation

• Register for MedSolutionsOnline.com – Instructions on how to register for an account on MedSolutionsOnline portal to start authorization requests.
• Clinical Guidelines – MedSolutions Clinical Guidelines.
Provider Resources

MedSolutions’ Call Centers 8:00 AM - 9:00 PM EST: (855) 727-7444

- MedSolutions Fax: (888) 693-3210
- MedSolutions Web-Based Services: www.MedSolutionsOnline.com
  - Access the clinical guidelines
  - Access and print additional fax forms
  - MedSolutions’ Web Specialist at (800) 575-4594
- Client Services – for questions that are not about a specific case contact: clientservices@medsolutions.com or (800) 575-4517 option #2.
- Provider Enrollment questions contact Network Health WI for:
  - COM (800) 826-0940
  - MA (800) 378-5234
  - TTY line for COM and MA (800) 947-3529
  - COM Individual and Family (IFP) (855) 275-1400