JUNE 2015

SOONERCARE SCHOOL-BASED SERVICES THERAPY MANAGEMENT PROGRAM

PROVIDER ORIENTATION

COMPREHENSIVE SPECIALTY BENEFITS MANAGEMENT
PRESENTATION OBJECTIVES

- Introduction to CareCore | MedSolutions
- Scope of the therapy management prior authorization requirements
- Submission of musculoskeletal prior authorization requests to CareCore | MedSolutions
- Responsibilities of the ordering provider and the rendering provider
- Resources available for more information
WHO IS CARECORE | MEDSOLUTIONS?

- CareCore | MedSolutions has taken the clinical knowledge, proprietary technology, and forward thinking we perfected in radiology management and applied it to other areas of healthcare where we see opportunity for significant improvement, both in quality of care and in cost savings to health plans.

- CareCore | MedSolutions continues to evolve to meet the challenges of the healthcare industry through intelligent cost management, to develop and introduce new services that extend beyond utilization management, to capture maximum savings, to reduce overall treatment costs, and to ensure diagnostic accuracy.

- Advanced Imaging
- Cardiac Imaging
- Cardiac Rhythm Devices (CRD)
- Lumbar Spine Surgery
- Musculoskeletal Management
- Therapy Management
- Post-Acute Care
- Radiation Therapy
- Sleep Management
- Ultrasound
OUR GUIDING PRINCIPLE: PATIENT CENTRIC VIEW

Treating Provider
Patient relies on and trusts treating provider – efficient, effective technologies and processes support evidence-based decisions

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

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

Internal Operations
Front of mind: A real patient’s healthcare is impacted

Rendering Facilities
Quality Care at Cost-Effective Price:
- Quality equipment
- Proper training and certifications
- Convenience
Our Clinical Approach
## Clinical Platform: Multi-Specialty Expertise

### Multi-Specialty Expertise

- **81 Board Certified Medical Directors**
- **Diverse representation of medical specialties**
- **224 nurses with diverse specialties and experience**
- **Dedicated provider teams by specialty for Therapy**

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<td>Spine Surgery</td>
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<td>Sleep Medicine</td>
<td>Interventional Pain</td>
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Policies developed by panels of multi-disciplinary provider specialists who form:

- Medical Operations Committee (MOC)
- Academic Advisory Committee (AAC)
- Medical Quality Improvement Committee (MQIC)

Review current scientific literature

- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Occupational and Environmental Medicine
- Official Disability Guidelines
- American Speech Language and Hearing Association
- American Society of Interventional Pain Physicians
- American Pain Society
- American Academy of Physical Medicine and Rehabilitation
- Medicare Guidelines
- Cochrane Reviews
Service Model
The client service delivery organization is responsible for overall service delivery not only to our health plan clients, but to ordering and rendering providers nationwide.

**Client Service Delivery Team:**

**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**

Client service specialists serve as the primary contact for account executives, health plans, and high profile provider clients for complex issues. The specialists also handle escalated issues generated through the Client Service Representative Team.

**Regional Provider Engagement Managers**

The regional manager is a local, on-the-ground resource who serves as the voice of CareCore | MedSolutions to the provider community.
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 CareCore | MedSolutions to quickly identify and respond to systematic 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 CareCore | 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.
School-based Therapy Management Prior Authorization Program
CareCore | MedSolutions will begin accepting requests on June 15, 2015 for dates of service July 1, 2015 and beyond.

Prior authorization applies to therapy services that are:
- Outpatient
- School-based

Specialized therapy services that require prior authorization:
- Occupational Therapy
- Physical Therapy
- Speech Therapy

It is the responsibility of the ordering provider to request prior authorization approval for services. **It is required for the treating provider to furnish the referral or order for the requested services.**
APPLICABLE MEMBERSHIP

Authorization is required for Oklahoma Health Care Authority members enrolled in the following programs:
  • SoonerCare children under 21

Members who do not require prior authorization are:
  • SoonerCare adults 21 and over
PRIOR AUTHORIZATION REQUESTS

Three ways to request prior authorization:

INTERNET
www.triadhealthcareinc.com/providers

PHONE
(888) 693-3281
8:00 a.m. to 6:00 p.m. (CST)
Monday through Friday

FAX
(888) 328-3662

Fax forms available at:
www.triadhealthcareinc.com/soonercare
Or by calling CareCore | MedSolutions Customer Service at (888) 693-3281
Only CareCore | MedSolutions fax forms will be accepted
### Needed Information

#### Member:
- Member ID
- Member Name
- Date of Birth (DOB)

#### Rendering Provider/School Information:
- School Name
- OHCA Provider Identification Number
- National Provider Identifier (NPI)
- Phone and Fax Number

#### Request:
- CPT Code(s)
- TM modifier for school-based services
- The Diagnosis Code(s) (ICD-9) for the working of differential diagnosis

#### Referring Provider: MD
- Referring the patient for therapy services
- Provider Name
- National Provider Identifier (NPI)
- Phone Number

Separate prior authorization requests must be submitted for school-based therapy and outpatient therapy services. School-based therapy requests must include a ‘TM’ modifier with the CPT code.
**PRIOR AUTHORIZATION FAX FORM**

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### Therapy Management Authorization Fax Form

MEDICAL RECORDS ARE REQUIRED WITH THIS FORM

**MEMBER INFORMATION - Who is receiving services?**

- **Member Name:**
- **Member ID Number:**
- **Date of Birth:**
- **Gender:** Male, Female

**RENDERING PROVIDER INFORMATION - Who is billing for or rendering services?**

- **Provider Name:**
- **Office Contact:**
- **NPI:**
- **Provider Street Address:**
- **City:**
- **State:**
- **Zip:**
- **Phone:**
- **Fax:**

**REFERRING PROVIDER - All referral requests and copy of referral must be included with submitted medical records.**

- **Referring Provider Name:**
- **NPI:**
- **Phone:**
- **Fax:**
- **OHCA ID:**
- **Street Address:**

### REQUESTED SERVICES

- **Service Type (check one only):**
  - Physical Therapy
  - Occupational Therapy
  - Speech

  - Speech therapy is required for each type of service.
  - For Speech, indicate primary language spoken by patient in home setting, if other than English.
  - Can speech therapist evaluate and treat in patient’s primary spoken language? Yes, No
  - Anticipated Date of Service:
  - Anticipated Number of Visits:
  - Duration of Care: 30 Days, 60 Days, 90 Days
  - Duration of Session (Minutes):

### Diagnoses:

- **Code**:
- **Description**:
- **Code**:
- **Description**:

### CPT Codes:

- **Reimbursable CPT Codes and total number of units per CPT Code for the duration of care**

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**Submission of this form, without complete medical records, or noted above, will limit our ability to administer prior authorizations and may delay treatment. Some medical conditions, such as:**

- **Seizures**
- **Mental Health**
- **Diabetes**
- **Chronic Obstructive Pulmonary Disease**
- **Chronic Kidney Disease**
- **Cancer**

**Important Information:**

- **Sign Out Provider Referral and Referral Provider Note to Document Need for Services**
- **Case Manager/Office Notes**
- **Diagnosis:**
- **Test results**

**Additional Information:**

- **Please include detailed documentation of visits with parental engagement**
- **Parental Consent Form**
REQUIRED DOCUMENTATION

- Exam narrative/office notes
  - Referring physician note must specify the need for therapy
- Referral
  - Signed, dated and therapy specific dated within a year of the request
- Evaluation Notes
  - Objective measures of functioning
  - Subjective measures of functioning
  - Short/Long term goals
  - Length of time to reach goals
  - Expectations for progress
- Diagnostic Test Results
  - Standardized scores
  - Percentage of age equivalency
  - Severity rating of an objective measure of function
REQUIRED DOCUMENTATION CONT.

- Parental Consent Form
  - Dated within the year and submitted once per year
- Parental Participation: documentation of the % and method used is required
  - Required for 50% of treatment sessions
  - Phone calls
  - Email
  - Direct participation in therapy
  - Homework notebook/log
- Change of provider form (if applicable)

Incomplete medical records will limit our ability to administer prior authorizations and may result in a denial.
PARENTAL CONSENT FORM

STATE OF OKLAHOMA
Oklahoma Health Care Authority
Parental Consent Form

Member Name: ____________________________
Member ID #: ____________________________
Member Diagnosis: ________________________

I ____________________________ (full name of parent/legal guardian) hereby authorize ____________________________ (full name of provider) to evaluate, as well as provide any subsequent treatment based on the evaluation results for Physical Therapy, Occupational Therapy and/or Speech Therapy (circle all services that apply) for child named above.

Signature of Parent/Legal Guardian

______________________________

Date Signed by Parent/Legal Guardian

______________________________

Relationship to Member

______________________________

Signature of Therapist or Representative of Therapy Group

______________________________

Date Signed by Provider

****Please Note Form must be completed in its entirety or will be considered incomplete and will not be accepted****

OHECA Issued 01-26-11

SC.15
PRIOR AUTHORIZATION PROCESS WORKFLOW

1. Patient/Provider Encounter
2. Treating provider determines plan of care
3. Treating provider contacts CareCore | MedSolutions for prior authorization of requested services
4. Requested services are reviewed with all clinical documentation provided and a determination is rendered
PRIOR AUTHORIZATION

- In compliance with NCQA and other regulations, all requests are processed within 14 calendar days after the original request. It is our business practice to complete requests within 2 business days from the receipt of complete clinical information.

- Approval determinations are communicated in the following manner:
  - Faxed to the requesting provider if request was submitted by fax
  - Email notification if submitted on portal
  - Mailed to the member

- Denial determinations are communicated in the following manner:
  - Faxed to requesting provider if request was submitted by fax
  - Email notification if submitted on portal
  - Mailed to the member
  - Includes the rationale for denial, how to request a peer to peer discussion
SAMPLE AUTHORIZATION

MEDISOLUTIONS
730 Cool Springs Boulevard, Suite 80, Franklin, TN 37067
Fax: 866-693-2210 Phone: 866-693-2201

Pre-Authorization Fax
Case ID: 12402
Billing ID: 12402001
Status: Approved
Modification: Physical Therapy
Date of Service: 01/01/2015

Patient Information
Name: Super Man
DOB: 01/01/2015
Address: 1 Street Avenue
City: Super City
State: Super State
Zip: 12345

Performing Provider Information
Referral: Donald Duck Therapy
Address: 1 Duck Lane
City: Duck City
State: Duck State
Zip: 12345

Referring Physician Information
Procedure: Physical Therapy
Address: 1 Doctor Lane
City: Doctor City
State: Doctor State
Zip: 12345

Clinical Information
Requested ICD-9 Code: 725.2
Authorized Diagnosis Code: 725.2
Authorized Frequency: 60
Authorized Duration of Care: 60

CPT Code | Code Description | Requested Units | Approved Units
---------|-----------------|-----------------|-----------------|
725.2    | Therapeutic procedure, 1 or more areas, each 15 minutes, therapeutic exercises to develop strength | 24              | 24              |

Procedure performed on 01/25/2015

Confidentiality Notice: This information is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential. The disclosure of which is governed by applicable law. If the recipient of this message is not the intended recipient, or the employee or agent responsible to deliver to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify Medisolutions at the address shown immediately and delete the related message from your files.
POST DECISION DISCUSSIONS

- **Reconsiderations:**
  - Not allowed with this program

- **Peer to Peer Discussion:**
  - If a provider receives a denial of a request for prior authorization, he or she may speak with a peer reviewer in the same or similar specialty. The peer will:
    - Clarify and explain clinical rationale, clinical logic and the medical evidence used in the determinations
    - Discuss unique requirements of each patient or clinical scenario
    - A peer to peer discussion may be scheduled by calling: (888) 693-3281
SPECIAL CIRCUMSTANCES

RETROSPECTIVE REVIEW:
- Initial 90 days of program will allow retrospective reviews
- Terminate on October 1, 2015

RETROSPECTIVE REVIEWS EXCEPTION:
- TEFRA Members
  - Providers have 30 days from the parents award letter to submit for services previously rendered
  - Award letter must be included to avoid a delay in review for medical necessity
Secure Web Portal
SECURE WEB PORTAL

www.triadhealthcareinc.com/providers

- Select provider portal from drop down menu
- You must register prior to the submission of a prior authorization
- Medical records can be uploaded if you have the ability to do so
SECURE WEB PORTAL

Welcome to Triad's Online Provider Solutions

Triad's secure web portal provides a simple, comprehensive tool for all transactions between Triad and participating providers who prefer electronic transactions. The portal will support:

- Member Status Search to verify that your patient is currently included in a Triad program
- Care Planning transactions, including forms, medical records and determination letters
- Claims and payment status verification
- On Line RSVP to send a question or schedule a call with a clinical peer
- Medical Policy Survey to review and comment on proposed medical policy changes
- Assignable Privileges for office staff to administer all of the above functionality

The portal’s function is Health Plan specific, therefore please select the Health Plan(s) you are participating with to determine available functionality.

User setup is simple and will only take a few minutes. Click here to register. For assistance please contact us at 800-409-9081
WEB PORTAL REGISTRATION
MANAGE USERS

User Authorization
Use this area to authorize administrative users to access the Provider Portal on your behalf.

Email Address: 

Authorize User

Registration:
First Name: 
Last Name: 
Email: 
Phone Number: 
Date of Birth: 
Password: 
Confirm Password: 
Security Question: 
Security Answer: 

Register  Cancel

Manage Users
Change Your Password
Current Password: 
New Password: 
Confirm New Password: 
Change Password  Clear

Change Your Email Address
Change Your Security Question/Answer
### Member Status Search

Use this search feature to determine if a member is included in a Tried program.

**Health Plan Card Code search**

Health Plan Card Code: 55555510

**Search**  **Clear**

**Name Search**

(All fields are required)

**Last Name:**

**First Name:**

**Date Of Birth:** _/__/____ (mm/dd/yyyy)

**Search**  **Clear**

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PROGRAM RESOURCES

• **SoonerCare Implementation Site** – Copies of all Program documents. [http://www.triadhealthcare.com/soonercare](http://www.triadhealthcare.com/soonercare)
• **Medical Policies:** [http://www.triadhealthcareinc.com/providers/policies.aspx](http://www.triadhealthcareinc.com/providers/policies.aspx)
• **Web-Based Services:** [www.triadhealthcareinc.com/providers](http://www.triadhealthcareinc.com/providers)
• **Call Center:** (888) 693-3281, 8:00 am-6:00 pm CST
• **Fax Number:** (888) 328-3662
• **Client Services** – for questions that are not about a specific case contact: [clientservices@medsolutions.com](mailto:clientservices@medsolutions.com) or (800) 575-4517
• **For Provider Enrollment questions,** please contact SoonerCare at (800) 522-0114
Questions?