Musculoskeletal Solution (Pain)

Program Scope Summary Utilization Management

BCBS NE / Visiant

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AIM Project #: 11387

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## UTILIZATION MANAGEMENT PROGRAM SUMMARY

BCBS NE has contracted with Visiant Healthcare to provide administrative services for Medicare Advantage membership for musculoskeletal solution services. Visiant has contracted with AIM to implement an Interventional Pain program as a full utilization management model for treatment services performed in a physician’s office, outpatient hospital department, or a free standing facility.

| Program Overview | |
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| Program Design | The program design includes both prospective and retrospective (for up to 2 days after the date of service) case reviews. The goal is for physicians to obtain pre-service review of their requests in order to allow for education on clinical appropriateness; however, there are circumstances that may prevent the physician from submitting a case pre-service.  AIM will also use prior preauthorization records and previous patient history for pain management procedures in order to evaluate the current order request. This information will assist AIM in issuing a final case determination.  BCBS NE/Visiant MedAdv Program Includes:   * Prospective Utilization Management Program for musculoskeletal and pain management * Retrospective reviews within 90 business days of date of service. |
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| Member Engagement | Many members lack the understanding of their conditions or treatment options, or lack the ability to take ownership of their care. AIM has the capability to capture the member’s phone number and email address to provide to Emmi who will perform outreach to members to enhance their patient experience.  Emmi shall utilize Do Not Call list.  BCBS NE/Visiant MedAdv Program Includes:   * Member Engagement will not be implemented for the BCBS NE/Visiant program |
| Goal Length of Stay | AIM has the capability of communicating to the requesting provider the goal length of stay for specific procedures being performed in an inpatient hospital. AIM can enable this functionality when the health plan elects to supply to AIM on an annual basis the goal length of stay for each procedure.  AIM Standard Program Includes:   * The goal length of stay will be 3 days for all inpatient hospital procedures. * AIM will not perform clinical review for inpatient length or stay. * AIM will include the timeframe communicated on the approval letter.   BCBS NE/Visiant MedAdv Program Includes:   * Goal Length of Stay will not be implemented for the BCBS NE/Visiant program |
| Covered Procedures | The AIM program includes a select set of modalities and procedures that require review.  BCBS NE/Visiant MedAdv Program Includes:   * Interventional Pain Management   + Epidural Injections (Interlaminar/caudal and Transforaminal)   + Facet Joint Injections/ Medial Branch Blocks   + Facet Joint Radiofrequency Nerve Ablation   + Implanted Spinal Cord Stimulators   + Regional Sympathetic Blocks   + Sacroiliac Joint Injections |
| Included Settings | The MSK solution requires review for services performed in the below settings:  Interventional Pain Management   * Physician’s Office * Ambulatory Surgical Center * Outpatient Hospital |
| Clinical Review | AIM performs medical necessity review through the use of automated algorithms. The algorithms are designed using AIM Clinical Guidelines.  BCBS NE/Visiant MedAdv Program Includes:   * Review utilizing AIM’s MedAdv Hierarchical Review Model   + Review utilizing NCD and LCDs   + Review using AIM Clinical Guidelines   + Review utilizing Health Plan Medical Policy, is not in scope |

| Review Process Overview | |
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| Program Start Date | The AIM Contact Call Center and ***Provider****Portalsm* are available for order request submission approximately one week prior to the health plan’s program effective date and enforcement of preauthorization/claims compliance.   * The AIM contact call center and ***Provider****Portal* shall be available starting on August 27, 2018. * The program shall be effective starting on September 1, 2018. |
| Valid Timeframe | Interventional pain management order requests shall be valid for 10 business days from the date of case closure before the order number expires, unless otherwise required by state law. |
| Case Closure Rules | Upon receipt of an order request, AIM will collect the necessary clinical information to issue a final decision on the case within a specific number of days.  BCBS NE/Visiant MedAdv Program Includes:   * Non-urgent MedAdv cases must be closed within 10 Calendar days of receipt of the request. * Urgent MedAdv cases must be closed within 48 hours of the receipt of request. |
| Delegation Activities | AIM may be delegated to issue adverse determinations (denials) and generate letters on behalf of the health plan.  BCBS NE/Visiant MedAdv Program Includes:   * Adverse determinations for lack of medical necessity Generation and distribution of the following letter types:   + Denial Letters   + Approval Letters   Approval and Denial letters shall be utilized for the Musculoskeletal program according to the standard CMS templates.  Visiant shall retain the authority to manage all appeals. |
| Post Determination Reviews | AIM has defined a process for handling post-determination reviews. The AIM standard program includes the performance of reconsiderations and provider documentation review for commercial members.  BCBS NE/Visiant MedAdv Program Includes:  Reconsiderations and Appeals shall be performed by the health plan. |
| Operational Information | Providers shall contact AIM using a dedicated toll free telephone number or through the AIM ***Provider****Portal*.  BCBS NE/Visiant MedAdv Program Includes:   * The existing BCBS NE specific toll free telephone number will be used for the BCBS NE/Visiant MedAdv program. The phone number is 1-866-745-3265 for provider requests/inquiries. * Call Center hours available are Monday – Friday 8:00 a.m. – 5:00 p.m. CT. * Providers shall access the AIM ***Provider****Portal* through direct login registration with AIM. * AIM shall display the health plan as “Visiant” within the AIM ***Provider****Portal.* |

| Member and Provider Overview | |
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| Membership Population | To achieve the broadest influence, AIM recommends that your plan include as many members as possible.  Estimated Total Covered Membership:   * MedAdv Membership: 530   Estimated Total Non-Covered Membership:   * N/A   Lines of Business/Products Included:   * Medicare Advantage (HMO,POS)   Lines of Business/Products Excluded:   * N/A   States included in the program: Primarily Nebraska.  Out of area members included: No  National Accounts (Blue Plans Only): No |
| Member Product/ Provider Networks | The AIM MSK solution directs requesting provider to select an appropriate facility based on the member product and network design whenever possible. In order to determine out of network rules for each member product, AIM requires the health plan to provide a mapping of member product codes and facility network codes.  AIM will use the mapping values to ask various questions when the facility is out of network. The mapping shall be captured in the Business and Data Rules document.  BCBS NE/Visiant MedAdv Program Includes:   * Member Product to Provider Network Mapping   Visiant provider file shall include ‘MAHMO\_PARPPO’ as the Network |
| Member Out of Network Benefits | When a requesting provider selects an out of network servicing provider, AIM has the ability to display specific out of network questions based on member’s product code or default the benefit level to low or high.  The health plan has an option for Out of Network cases to be managed by AIM or referred to the health plan.  BCBS NE/Visiant MedAdv Program Includes:   * Out of network cases shall not be managed by AIM |

| BCBS NE Program Management | |
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| Program Management | Every health plan may choose a different method to manage their utilization management program participation. Below outlines the method for which BCBS NE/Visiant will manage their Utilization Management program participation:  Voluntary Pre-Service Provider Participation  Required Pre-Service Provider Participation  Post Service Claims Review |

## BUSINESS STAKEHOLDER SIGN-OFF

The signatures below represent that this document accurately reflects the business needs and requirements of this project for BCBS NE/Visiant and the undersigned agree to proceed with the activities necessary to continue progress on this project.

By signing below the stakeholder agrees to use the change review process for any updates to requirements after the date approved. The client understands that changes to program design may result in an increase in program or implementation fees.

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| BCBS NE/Visiant Business Representative Name | Title | Signature | Date Approved |
| Stacey Brown | Director, Utilization Management | Approval Received From John | 6/21/2018 |

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| AIM  Business Representative Name | Title | Signature | Date Approved |
| Joyce Saiki/Andrea Goodwin | Solution Manager | Approved | 5/21/2018 |
| Rich Bergman | VP, Client Integration | Approved |  |
| Bill Fenlon | IT Client Advisor | Awareness |  |
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## REVISION HISTORY

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| Revision # | Date | Summary of Changes | Author |
| 0.01 | 1/20/2018 | Initial draft | MS |
| 0.02 | 2/13/2018 | Edit | MS |
| 0.03 | 3/13/2018 | Edit | MS |
| 0.04 | 5/16/2018 | Edits to add Provider Network | MS |
| 0.05 | 5/21/2018 | Minor edit under ‘Program start date’ | MS |
| 0.06 | 5/24/2018 | Minor spelling edits | MS |
| 0.07 | 5/30/2018 | Version consistency with BDR | MS |
| 0.08 | 6/7/2018 | Edits for consistency of all documents | MS |
| 0.09 | 6/8/2018 | Final Review with Visiant | MS |
| 0.10 | 6/12/2018 | Edits per review to- retro day, line of business, covered lives | MS |
| 1.00 | 6/21/2018 | Final Approved | MS |