



## Aetna RADMD Authorization Update

### Dear DPTA Members:

The new Aetna/Magellan/NIA authorization process is scheduled to be implemented on September 1, 2018. APTA and a group of State Chapter representatives completed a call with Aetna and Magellan/NIA on August 28th, 2018. During that meeting, they explored numerous topics and initiated a dialogue on the planned pre-authorization process. Elise Latawicz, PT, MPH, Lead Specialist Practice Management APTA and Colleen Chanler, PT, MHS, PhD, PA PPTA President led the initial question and answer session.

Here are some of the questions posed during the call and responses from Aetna and Magellan/NIA:

- 1. Aetna was asked why the shift to pre-authorization occurred.** Aetna indicated across the country their lack of a standardized process to track therapy services across all member plans. This lack of a standardized process is impacting their ability to shift to a payment model supporting "Value over Volume". Aetna indicated this is one of their first steps in making this shift internally, as they plan to further develop and potentially change their process.
- 2. Aetna was asked why they chose to monitor to the "unit-level vs. visits over a date range" as this still appears to indicate paying for volume over value.** Aetna and Magellan/NIA indicated their desire to start to understand what is being provided and by whom. This system would allow them greater specificity in understanding billing practices. They did mention a desire at some point in the future to revisit the pre-authorization process.
- 3. Aetna was asked if they had any recommendations on how providers should track the units since most EMR platforms track and alert staff to authorizations based on approved visits and date ranges rather than units.** Aetna and Magellan/NIA had no response to this concern and could not provide an example of a provider using EHR/EMR in this manner. Another participant, a PT from Magellan/NIA residing in Colorado, indicated that he uses a paper and pen process to track approved units. PPTA and APTA voiced concerns and disagreement on returning to paper process to track units or any other type of UM process. This duplicative system will pose administrative burden and potential error in the transfer of data from the area outside EHR/EMR.

  - a. Aetna and Magellan/NIA were asked to explain the delay in provider access to the authorization system for processing of new and existing patient approvals.** Aetna and Magellan/NIA stated the process was still under development and the system went live on Monday, August 27th, 2018. APTA and PPTA asked for a delay in the implementation until providers had opportunity to access the system and transfer existing patients and register new patients on the new web page. This request was denied and implementation is firmly set for September 1, 2018.
- 4. Aetna and Magellan/NIA were asked how current patients that require continued care should be managed so care is not delayed after September 1, 2018.** To minimize a break in care while authorizations are obtained, providers are advised to submit the authorizations now (prior to the 9/1 implementation date) with the expectation that a set number of units



will be approved. PPTA had given specific examples of providers with difficulty accessing the actual web page and others with delays in obtaining provider access. Provider access should be available after a complete application is submitted within 72 hours. The Aetna and Magellan/NIA team stated web page access issues should not be a problem and calling Magellan or Aetna for assistance was advised.

5. *Aetna and Magellan/NIA were asked how providers should handle Day 1 Evaluation and treatment on the same day.* Aetna recognizes the importance of treating on Day 1. Aetna emphasized the provider has five (5) business days to submit the authorization request for Day 1 treatment to avoid a claim denial. There was no confirmation that treatment provided would be covered although there was recognition this was a good course of care to pursue. When we inquired on cases where the initial authorization requires more information, no answer was forthcoming as to process or timing from pre-authorization perspective.
6. *Aetna and Magellan/NIA were asked if and how the physical therapy benefit change was communicated to the enrollee as we expect it will have a direct impact on the provision of care.* Aetna stated members have not been informed of the benefit change and the expectation was for the provider to manage the patient's care based on the authorization obtained regardless of the units vs. visits authorization model. Aetna did state employers were notified of this new therapy authorization process. PPTA followed with a specific request that consumer/patient information be provided in writing and available on their web page describing the change in the benefit method so that providers could mirror the consumer/patient-centered approach to care. Aetna acknowledged our request but no specific plan to provide this consumer/patient education was discussed.
7. *Aetna and Magellan/NIA were asked about the long phone wait times and misinformation being disseminated to providers when attempting to obtain authorizations since August 27, 2018.* Both Magellan/NIA and Aetna stated staff were prepared and were assisting providers as questions arise. Aetna and Magellan/NIA agreed to supply APTA with a contact list that may be used by providers to resolve problems. This contact list may be shared on Chapter web pages.

The APTA and State chapters recognize many providers have been and are still reporting challenges in accessing the RAD/MD web portal when attempting to confirm eligibility. These issues have been reported to both Aetna and Magellan and we are awaiting a resolution.

The APTA and chapters will continue the dialogue. A follow-up call was requested by APTA and PPTA for approximately one month after Go Live to assess post-implementation. Aetna is to contact APTA to schedule. In the meantime, please reach out to [delaware@apta.org](mailto:delaware@apta.org) as issues arise and we will advocate on your behalf and to ensure we maintain consumer access to therapy services.