PENNSYLVANIA
CHIROPRACTIC ASSOCIATION
1335 NORTH FRONT STREET, HARRISBURG, PA 17102
T: 717-232-5762 ● F: 717-232-8368
WWW.PENNCHIRO.ORG

PCA ALL-MEMBER ALERT

PCA-AETNA/NIA/MAGELLAN

CONFERENCE CALL SUMMARY

Friday, August 10, 2018

On your behalf, YOUR PCA Executive Team had a conference call with Aetna/ NIA/ Magellan on August 2, 2018 to discuss the upcoming Utilization Management program, which is scheduled to begin on September 1, 2018.

The PCA Executive Team requested the call with Aetna/ NIA/ Magellan. Prior to the call, the PCA set the agenda with 26 detailed questions that were based on PCA members' questions and concerns. The conference call was attended by the PCA Executive Team (Drs. Alison & Ray Benedetto, Keith Miller, Casey Phillips and Valentine Guzman), EVP Edward Nielsen and PCA General Counsel Jason B. Martin, Esquire and 18 representatives from Aetna, NIA and Magellan. The call was very productive; however, some items were not covered due to time constraints. The PCA is working on arranging for a follow-up call to continue the discussion.

The following topics were discussed:

1. **Reduction in fees**. The PCA inquired about the midyear fee changes that seemed arbitrary and unannounced to contracted in network providers. Aetna would not discuss the Aetna decision to significantly reduce its fee schedule during the call; however, a separate call will be scheduled to discuss this serious issue. This is a top priority concern of the PCA.

2. **Utilization Review Guidelines and Procedure**. Many PCA members inquired into the guidelines that will be used for the utilization review and determinations. Aetna will be providing this information to the PCA. PCA will immediately disseminate this information to the members.

3. **Webinars**. PCA members can access a recorded webinar that will be made available on the RadMD.com website in the near future.

4. **PCA-Aetna ad hoc committee**. PCA requested that members of Aetna/ NIA/ Magellan form an ad-hoc committee with the PCA to discuss implementation of the UM program and other related issues. Aetna is considering this proposal.

5. **UM Program details**.

a. Utilization Management (UM) will not be done of Self Funded plans, this is easily seen in the Navinet benefits look up under limitations.

	Family	Famil
Limitations:	**Employee and Spouse** • Plan Requires PreCert	Empl • Pla
	Employee and Spouse • Self Funded • Our records indicate the provider ID you entered is participating in this patient's network.	Empl • Self • Our this
Unlimited:	Lifetime **Employee and Spouse**	Lifetim Emplo

b. Aetna agreed to the PCA's concerns and they stated they will not do "Post Service Reviews" on patients' pre-authorizations in the NIA UM management program, except in "rare" instances, but they will still reserve the right to do so in the AOS (Self Funded) program.

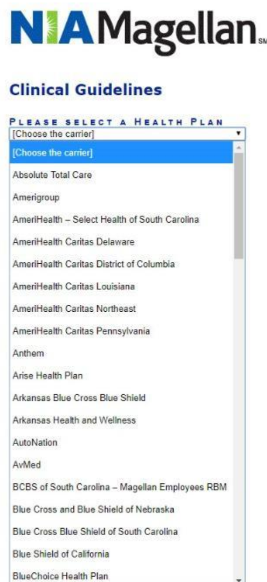
c. NIA agreed with PCA; NIA's UM will turn around notes submissions in 2-5 days. While there is currently a hard cap for submission in 5 business days and anything preceding the authorization request would not be covered under that treatment plan request; however you can go through the "peer to peer appeals process" to get that initial visit approved with supporting notes and documentation. i.e., UM done on day 6, will cover days 2-6 services – day 1 will be initially rejected.

d. Responding to PCA's specific concerns, CMTs will not be used to "count visits" in the NIA- approved model, and that the model algorithm takes into consideration automatically that if, for example, a shoulder (98934) is in the mix as well as a neck (98940), the model will identify that 20 CMTs requested will "automatically know" that means 10 visits, doing 2 CMTs a day and not "20 visits"

e. The PCA voiced serious concerns on the arbitrary 5-day UM cap. In a small office where many practices have only ONE dedicated support staff to do these, a vacation of a week could be devastating on the UM process for patients. After hearing our concerns, NIA/ Aetna agreed to revisit 5-day window and consider 8-10 business days instead and get back to us on the outcome.

6. The PCA voiced concerns that occurred in the Aetna/ ASH introduction in approximately 2007 model of UM, when patients and employers lashed out at Providers when suddenly their benefits “changed.” Aetna agreed to give PCA and DCs a revised and detailed employer policy on the change, so that DCs can provide to irritated HR/ employers that there has been a “mid-contract” change to policies & benefit utilization. PCAs concern was that DCs should not be the target of hostility, in that we are just the messengers delivering the message.

7. NIA agreed to provide PCA with the written "treatment guidelines" specific to this Aetna/ NIA program in Pennsylvania. Will also insert a drop down that states specifically “***Aetna”*** on it (see below) when selecting a health plan on their website. As a provider this is the ONLY place to reasonably search for information on this program. See below graphic:



8. **Waiver**. PCA voiced concerns for what happens to care if it isn’t initially approved, or more care then what is approved is recommended and the patient wishes to self pay. Currently there are no Aetna specific waivers/ policies on this. PCA requested that Aetna give providers use of a written waiver, similar to the Medicare ABN, whenever it is expected that services will not be covered. A written waiver should disclose the services to be provided, a disclosure that the services are not covered, and a clear statement that the patient is responsible for payment.

9. **Sample Care Plans**. In order to gain a better understanding of the Aetna/ NIA expectations in terms of authorizing care plans, the PCA requested that Aetna/ NIA provide detailed sample care plans of both basic care plans for uncomplicated cases as well as complex case management so doctors have an understanding of what standards we are being held to objectively instead of subjectively.

10. **NIA Guidelines and Policies**. The NIA website provides guidelines and policies. Please keep in mind that these are not "plan-specific guidelines" for Aetna; however, PCA recommends that members download these guidelines and read them carefully.

- **Physical Medicine Main Page:**
  https://www1.radmd.com/solutions/physical-medicine.aspx

- **Active Care**
  https://www1.radmd.com/media/714204/active-procedures-in-physical-medicine-2018-v3.pdf

- **Passive Care:**
  https://www1.radmd.com/media/714192/passive-treatment-2018.pdf

- **Medical Record Documentation and E/M coding requirements**
  https://www1.radmd.com/media/714201/record-keeping-and-documentation-standards-2018.pdf

  ** ***note that E/M is not UM under the NIA plan, and neither is X-ray*** **

- **Documenting goals, episodes of care, and changes**
  https://www1.radmd.com/media/714216/measureable-progressive-improvement-2018.pdf

- **Documenting treatment plans**
  https://www1.radmd.com/media/714198/plan-of-care-2018.pdf

- **Experimental, Unproven or Investigational Services**
  https://www1.radmd.com/media/714213/experimental-unproven-investigational-services-2018.pdf

PCA will continue to advocate for our members concerns and the 4024 licensed Chiropractors in PA to discuss these matters with Aetna/ NIA/ Magellan and we will continue to disseminate this information to PCA members as the information becomes available.

It is always the PCA's vision and mission that Doctors of Chiropractic be treated fairly and reasonably by carriers, and the PCA will continue to engage any and all providers when members voice concerns that could negatively impact the quality of patient care delivery.