



Frequently Asked Questions About Palladian



What is Palladian?

Palladian Health® (Palladian) partners with large and small insurers, hospital systems and physician/employer groups to improve outcomes in the area of spine care management and other musculoskeletal conditions, specifically in the areas of:

- Spine Pain Management
- Physical Therapy
- Occupational Therapy
- Chiropractic Care
- Spine Care Advocacy

What is the purpose of Palladian?

To assist in the medical necessity determination of referrals and procedures for musculoskeletal conditions with emphasis on spine and spine-related conditions.

When did this go into effect?

Medical necessity review by Palladian for non-emergent spinal procedures, including spinal surgeries, injections and spinal stimulation was effective October 1, 2017.

What plans are included in the Palladian review?

Palladian reviews all Health First Health Plans and Florida Hospital Care Advantage fully-insured Commercial Plans, all Medicare Advantage Plans, Health First TPA Plan and Brevard County TPA Plan.

***NOTE:** Adventist Health System TPA and Rosen TPA plans do not currently participate.

How do I register and/or sign into the Palladian portal?

Log into <https://portal.palladianhealth.com> to register and sign in to start the authorization process. You will need your Group Tax ID number along with the Access Code of HFIRSTPROVIDER.

How are member benefit plan and co-pays verified?

Continue the current process already in place by contacting Health First Health Plans or Florida Hospital Care Advantage.

Can clinical notes be attached with authorization submissions?

There is an area on the submission confirmation page where additional documentation can be uploaded. There is a 5MB per file limit.

What happens if I am locked out of the Palladian portal or forget the password?

Providers/users will be able to reset their password through the Palladian portal on the sign in page. Click on "Forgot your password" at the bottom of the page, enter your information and an email will be sent to the email on file under that username with a link to reset your password.

Can authorization requests be submitted by fax?

Yes, however the review will take longer than when taking advantage of Palladian's automated portal. Requests can be faxed to 1.844.681.1205.

When is the Member Outcome Form completed?

The patient must complete the form prior to requesting authorization for any procedures. The information can also be obtained online or via phone by your office staff immediately prior to submitting an authorization request.

***NOTE:** The provider's office must transfer the Member Outcome Form information into the Palladian portal if they receive a hard copy or take the information verbally.

How often should a patient complete the Member Outcome Form?

Patients must complete the outcome form before each new request for a procedure. Re-using the outcome form will result in inaccurate clinical outcomes and result in unnecessary medical necessity denials.

What is the process if a submission is in "Needs review" status?

Once a request is in this status, you will have a decision typically in less than one, but not more than three business days. You also have an option to upload documentation to the portal while still in "Needs review."

What is the advantage of an electronic vs. manual authorization submission?

In an effort to provide you with the most expeditious response, we encourage you to submit online where you will receive a quicker response than manual submissions.

What if I disagree with a coverage decision?

Appeal rights (which may vary by product line) will be provided whenever a request is denied. The process will always provide for a second physician review if the denial is based on lack of medical necessity. Palladian may offer a discussion with a physician reviewer to ensure all clinical facts are considered. The Health Plan administers the formal member appeal process, which includes a review by a different physician. The member's practitioner may file an appeal on the member's behalf.

Whom do we contact if we have any questions on authorizations?

You will generally contact Palladian Health for assistance. Contact the health plan to file appeals or to check eligibility, benefits and claims.

How do I get help?

Contact your health plan account executive, customer service or Palladian at the appropriate number below. All general inquiries should be directed to the health plan:

Customer Service

Health First Health Plans Providers: 1.844.522.5282

Florida Hospital Care Advantage Providers: 1.844.522.5278

TTY/TDD Relay: 1.800.955.8771

Palladian Health

Customer Service: 1.888.658.8181

TTY/New York Relay: 711

Authorization Fax: 1.844.681.1205

Health First Commercial Plans, Inc. and Health First Insurance, Inc. are both doing business under the name of Health First Health Plans. Health First Commercial Plans, Inc. is doing business under the name of Florida Hospital Care Advantage. Health First Health Plans and Florida Hospital Care Advantage do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.