

CareCore National Frequently Asked Questions (FAQs)

for WellCare of Ohio Providers

****Effective April 4, 2011****

| Question | Answer |
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| 1. Who is CareCore National? | <i>CareCore National is a company that provides Utilization Management services for Health Plans. CareCore National's mission is to provide Outpatient Diagnostic Imaging Service programs that improve quality and appropriateness of service.</i> |
| 2. What is the relationship between the Plan and CareCore National? | <i>The Plan has contracted with CareCore National to manage outpatient radiology services at participating sites.</i> |
| 3. What are the Prior Authorization telephone number and fax number for WellCare providers to contact CareCore National? | 1-888-333-8641 Telephone 1-866-896-2152 Fax <i>Please note that you can also submit authorization requests online at www.carecorenational.com</i> |
| 4. What are CareCore National's hours and days of operation? | <i>CareCore National is available from 7:00 a.m. to 7:00 p.m. Monday through Friday. Please also see question 19 for after-hours availability.</i> |
| 5. What holidays does CareCore National observe? | <i>New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday following, and Christmas Day.</i> |
| 6. What is CareCore National's Web site address? | www.carecorenational.com |
| 7. What is the Plan's Web site address? | Medicare: www.wellcare.com Medicaid: ohio.wellcare.com |
| 8. What are the Plan's important telephone numbers? | <i>Provider Services</i> <i>Eligibility, Claims, Utilization Management:</i> <i>Ohio Medicare Plans: 1-866-687-8815</i> <i>Ohio Medicaid Plans: 1-800-951-7719</i> |

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| 9. What plans/lines of business are covered under this program? | <i>WellCare of Ohio</i> |
| 10. Will CareCore National be processing claims for the Plan? | <i>No</i> |
| 11. Will new ID cards be issued to Plan members? | <i>No</i> |
| 12. What procedures will require prior authorizations? | <i>Magnetic Resonance Image (MRI), Magnetic Resonance Angiography (MRA), Computerized Axial Tomography (CT), Positron-Emission Tomography (PET), Nuclear Medicine, SPECT, Nuclear Cardiology, and OB Ultrasounds (starting with the 4th Ultrasound performed on that member.</i> |
| 13. What medical providers will be affected by this program? | <i>All freestanding diagnostic facilities, outpatient hospital settings, and ambulatory surgery centers as well as any physician's office that administers the procedures listed in question #12 above.</i> |
| 14. If a Primary Care Physician refers a patient to a specialist, who determines that the patient needs a radiology study that requires prior authorization, who needs to request the prior authorization? | <i>The physician who orders the imaging study should request the prior authorization. In this case, it would be the specialist.</i> |
| 15. What information will be required to obtain a prior authorization? | <ul style="list-style-type: none"> • <i>Member's Plan Name</i> • <i>Patient's Name, Date of Birth, and Member ID Number</i> • <i>Ordering Physician's Name, Provider ID Number, Address, Telephone and Fax Numbers</i> • <i>Rendering Provider's Name, Telephone and Fax Number</i> • <i>Requested Test(s) (CPT Code or Description)</i> • <i>Working Diagnosis</i> <ul style="list-style-type: none"> ➤ <i>Signs and Symptoms</i> ➤ <i>Results of Relevant Tests</i> ➤ <i>Relevant Medications</i> <p><i>If initiating the prior authorization by telephone, the caller should have the medical record available. Please note that PET scans, certain CT's and Breast MRI's, may require clinical notes to be faxed to CareCore National.</i></p> |

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| <p>16. Do imaging services provided in an inpatient setting at a hospital or emergency room setting require a prior authorization?</p> | <p><i>No, imaging studies provided in an inpatient setting at a hospital or emergency room do not require a prior authorization.</i></p> |
| <p>17. What will happen if the referring provider's office does not know the specific test code (CPT) that needs to be ordered?</p> | <p><i>CareCore National will assist the physician's office in identifying the appropriate test based on presented clinical information and the Physicians' Current Procedural Terminology (CPT) code.</i></p> |
| <p>18. If the referring provider orders an imaging study, but the rendering provider (radiologist) thinks it would be more appropriate to do a different study, will that require a correction to the prior authorization on file?</p> | <p><i>Yes, the radiologist may call CareCore National and update the prior authorization up to two (2) business days after the service has been rendered. A demonstration of medical necessity must be included with the modification request.</i></p> |
| <p>19. What is the process that providers will follow if CareCore National is not available when they need to obtain a prior authorization?</p> | <p><i>If the test is not urgent, a physician with office hours later than CareCore National's call center coverage may send a request via the fax or the web and CareCore National will process on the next business day. For clinically urgent requests after hours, the test can be performed on a clinically urgent basis, and then the referring provider can secure the prior authorization up to two (2) business days following the procedure by providing the clinical indication for the test – including the reason it was deemed clinically urgent.</i></p> |

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| 20. How can a referring provider indicate that an imaging study is clinically urgent? | <i>Notify the CareCore National agent that the test is clinically "URGENT" and demonstrate the clinical urgency by attaching the appropriate clinical documentation.</i> |
| 21. How long will the prior authorization process take? | <i>70 percent of all requests are resolved on first contact. For fax requests, determinations will be made within two (2) business days from the receipt of all necessary clinical information. If a prior authorization is initiated online and the request meets criteria, the test will be approved immediately, a time stamped approval will be available for printing.</i> |
| 22. Does CareCore National employ physicians other than radiologists to review prior authorization requests? | <i>CareCore National employs physicians of various specialties to respond to network needs.</i> |
| 23. How will the referring provider or rendering provider know that a prior authorization has been completed? | <i>The referring provider or rendering provider will be able to verify if a prior authorization request was approved by checking the status on the CareCore National Web site or by calling CareCore National Customer Service.</i> |
| 24. What information about the prior authorization will be visible on the CareCore National Web site? | <p><i>The authorization status function on the Web site will provide the following information:</i></p> <ul style="list-style-type: none"> ➤ <i>Prior Authorization Number/Case Number</i> ➤ <i>Status of Request</i> ➤ <i>CPT Code</i> ➤ <i>Procedure Name</i> ➤ <i>Site Name and Location</i> ➤ <i>Prior Authorization Date</i> ➤ <i>Expiration Date</i> |
| 25. How will all parties be notified if the prior authorization has been approved? | <i>Referring providers will be notified of the prior authorization via fax. Rendering providers can validate a prior authorization by using the CareCore National Web site or by calling CareCore National Customer Service. Members will be notified in writing of any adverse determinations. Written notification is provided upon request if the rendering provider contacts CareCore National's Customer Service.</i> |

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| 26. If a prior authorization is not approved, what follow up information will the referring provider receive? | <i>The referring provider will be informed of the reason for denial. Please note that within 3 days after the denial has been issued, the provider may request a Peer-to-Peer discussion with a CareCore National Medical Director to review the decision. If a provider resubmits an authorization request for a service that has already been denied within 45 days of the original request, CareCore National will consider this request an appeal and will forward to WellCare for review.</i> |
| 27. Can the rendering provider or diagnostic facility initiate the prior authorization for the referring provider? | <i>No, the attending physician who has determined the need for the study must initiate the prior authorization. Therefore, it is the responsibility of the referring provider to obtain prior authorization.</i> |
| 28. Is there an appeal process if the prior authorization is not approved? | <i>Yes, WellCare will be handling all levels of Appeal. Appeal rights are detailed in communications sent to the providers with each adverse determination.</i> |
| 29. What is the format of the CareCore National authorization number? | <i>An authorization number is (1) one Alpha character followed by (9) nine numeric numbers, and then the CPT code of the procedure authorized. For example: A123456789-70553</i> |
| 30. If a physician, wishes to modify an approved Non-contrast MRI to a Contrast MRI – does the physician need to notify CareCore National to update the authorization? | <i>Yes, the office needs to call within two (2) business days of rendering the procedure with clinical information indicating the necessity for the modification. The clinical information will be reviewed for medical necessity and a new authorization number will be issued if the procedure is determined to be medically necessary.</i> |
| 31. Is a separate authorization needed for each CPT code? | <i>Yes.</i> |
| 32. Does the authorization number need to be included on the claim form when submitting an insurance claim for payment? | <i>Yes, but only the Authorization Number for the Primary Procedure Code needs to be submitted on the claim.</i> |

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| 33. How long will the authorization approval be valid? | <i>Prior Authorizations are valid for 45 days from the date of the approval.</i> |
| 34. If a prior authorization number is valid for 45 days and a patient comes back within that time for follow up and needs another imaging study, will a new authorization number be required? | Yes. |
| 35. If the office does not have web access, how can a provider verify that a study has been prior approved? | <i>If the office does not have web access, you can call CareCore National toll free at 888-333-8641</i> |
| 36. Will CareCore National be conducting facility site assessments? | <i>CareCore National may conduct facility assessments of freestanding radiology sites; however, they will not be conducted at this time. Further information will be provided prior to facility assessments.</i> |