



EVIDENCE-BASED
SPECIALTY BENEFIT MANAGEMENT



Provider Overview of WellCare Health Plans, Inc./Harmony Health Plan of Missouri, Inc. Radiology Program

In partnership with



WellCare Health Plans, Inc./Harmony Health Plan of Missouri, Inc., has partnered with CareCore National to provide quality support in managing prior authorization for outpatient radiology services at participating WellCare/Harmony sites.

CareCore will begin managing prior authorization requests effective February 28, 2011

During this transition, please note the following:

- For pre-service prior authorization requests for radiologic services *rendered on or after February 28, 2011*, you may contact CareCore beginning February 14, 2010
- For pre-service prior authorization requests for radiologic services *rendered prior to February 28, 2011*, continue to submit prior authorization requests to WellCare/Harmony
- For non-radiologic services, continue to submit prior authorization requests to WellCare/Harmony

CARECORE RADIOLOGY



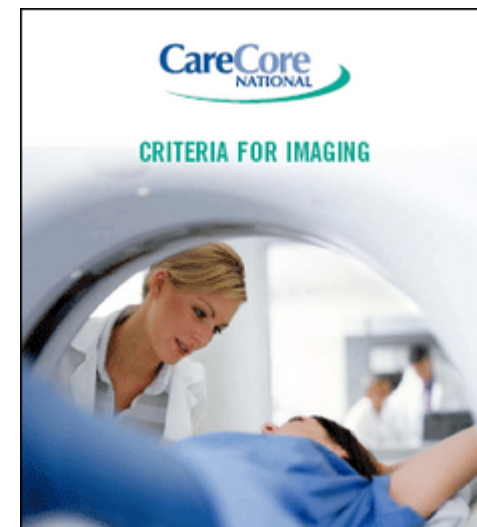
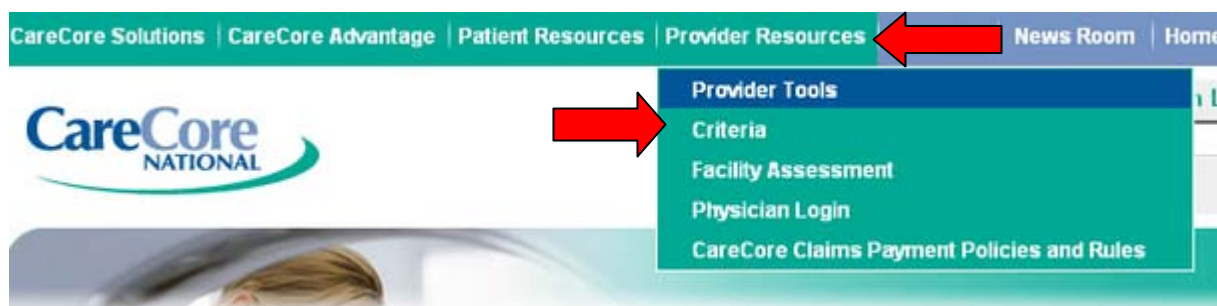
- Is the nation's largest and fastest growing radiology benefits management firm
- Has the industry's most extensive and current set of evidence-based criteria
- Offers Quality and Utilization Management programs to health plans
- Provides comprehensive and robust tools to appropriately manage radiology benefits

We work with each client to strategically identify opportunities to improve utilization and enhance quality through seamless solutions that integrate all aspects of patient-centered care.

Our extensive evidence-based criteria are based on standards published by nationally and internationally recognized medical societies, and are supplemented by peer reviewed literature.

The criteria are updated on an annual basis.

For more information on our criteria, or criteria set by WellCare/Harmony, visit www.carecorenational.com, select **Provider Resources**, then **Criteria**.



CareCore National offers additional useful resources that may be accessed at www.carecorenational.com.

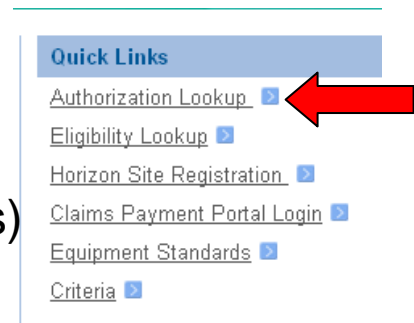


Under **Provider Resources**, in addition to Criteria, you will find:

- **Provider Tools** – provides access to online fax forms
- **Physician Login** – provides access to our Provider Portal upon successful registration. By becoming a registered user, you may submit authorizations online, saving time and money.

On the **Main Page**, you will find links for:

- **Authorization Lookup** (see slides 23 and 24 for further details)
- **Eligibility Lookup** (see slide 25 for further details)



Modalities for radiology include:

- CT / CTA
- MRI / MRA
- PET
- Nuclear Medicine
- Nuclear Cardiology
- OB Ultrasound (Medicaid only)



Authorizations are required in the following out-patient settings:

- Freestanding Imaging Center (stationary as well as mobile)
- Out-patient Hospital (excluding observation unit)
- Physician Office
- Ambulatory Surgical Centers

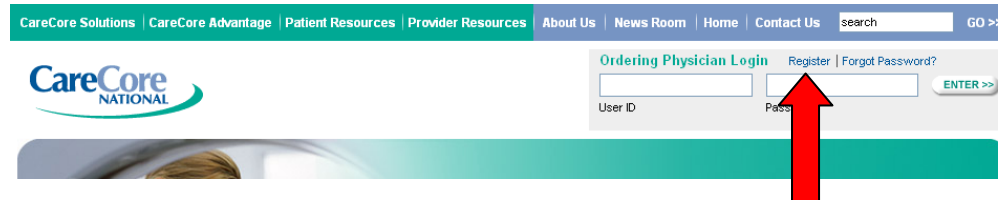


Setting Exclusions:

- Hospital (in-patient)
- Emergency Room
- Observation Unit
- Urgent Care Center

You must be a registered user to access the following at
www.carecorenational.com:

- Online Authorization Requests



To become a registered user, click on **Register** on the main page. You will need the following information to complete your registration:

- Contact Name
- Address
- Email Address
- Phone Number

For each physician registering:

- Tax ID
- NPI
- WellCare/Harmony Provider ID

The ordering physician/designee is responsible for obtaining the authorization.

- A designee may be a member of the ordering physician's office staff, or the facility

Authorization requests may be submitted via:

Phone: **1-888-333-8641**

Fax: **1-866-896-2152**

Web: www.carecorenational.com



**FOR INTERNAL
TRAINING
PURPOSES
ONLY – DO NOT
DISTRIBUTE**

REQUESTING A PRIOR AUTHORIZATION

To begin an authorization request by phone, fax or the web, the following minimum information is required:

- Patient's ID, name, date of birth
- Physician's information
- Requested study and/or CPT code
- Diagnosis code
- Site for requested study
- Clinical information pertaining to requested study
(i.e. medication and their durations, findings of recent physical examination; results of lab blood tests; recent CT, MR, or PET results; biopsy results)

The following physician information is required when requesting an authorization:

Web requests:

- Must be a registered user
- Upon login, physician information will be pre-populated, saving time
- Site name, TIN or NPI

Phone requests:

- Provider name
- Verification of address and fax number

Fax requests:

- Fully complete the appropriate fax form template found at www.carecorenational.com

Upon initiation of an authorization request, you will be provided a
Case Number.

A case number is assigned to every request and is used *for reference purposes only*.

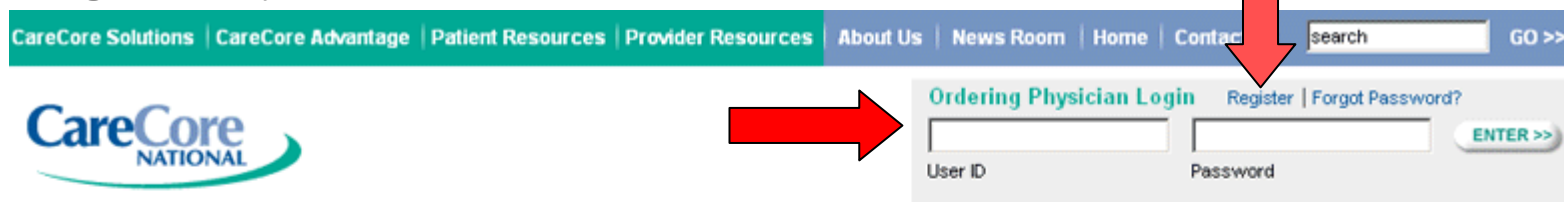
A case number:

- Cannot be used as an authorization number
- Is not valid for claims payment
- Is a 10-digit numeric value

Example: **1004567890**

As a registered user, authorization requests may be initiated online at www.carecorenational.com.

Click **Register** if you have not created an account.




Provider Web Portal



Welcome to the CareCore National Web Portal. You are logged in as **JSMITH**.



-  [Request a clinical certification >>](#)
- [Look up an existing authorization >>](#)
- [Check member eligibility >>](#)

REQUESTING A PRIOR AUTHORIZATION



Provider Tools

PROCESS TUTORIALS

- [CareCore National Provider Overview >>](#)
- [Myocardial Perfusion Imaging \(MPI\) Training Module >>](#)
- [Provider Phone Submission Process >>](#)
- [Provider Fax Submission Process >>](#)
- [CareCore National's Enhanced Website Now Provides Real Time Authorization Clinical Certification >>](#)
- [Provider Web Submission Module >>](#)
- [Online Cardiology Prior Authorization Module >>](#)
- [Breast MRI Online Tutorial >>](#)
- [Horizon BCBSNJ Radiation Therapy Provider Overview >>](#)
- [Direct Access for Providers Using MCNet >>](#)
- [Sleep Management Provider Overview >>](#)
- [Horizon BCBSNJ Site Registration >>](#)
- [Oxford Radiation Therapy Provider Overview >>](#)

FAX FORMS

RADIOLOGY

- [Generic Fax Form >>](#)
- [CT/CTA Fax Form >>](#)
- [MR/MRA Fax Form >>](#)
- [OB Ultrasound Fax Form >>](#)
- [PET Scan Fax Form >>](#)

To fax a request:

Download, print and fill out the appropriate fax form from www.carecorenational.com

Select **Provider Resources:**
Provider Tools

Fax the completed form to:
1-866-896-2152

REQUESTING A PRIOR AUTHORIZATION

Example of General Fax Form

GENERAL USE CLINICAL CERTIFICATION REQUEST FORM
PA 000231841 - 03-08-2012

Please be thorough in all questions asked to ensure compliance.

| | | | |
|--|-------|-----------------------|--|
| Patient name: | | DOB: | |
| Insurance plan: | | Member ID #: | |
| Referring physician: | Dr. | Physician ID #: | |
| Physician address: | | Specialty: | |
| City, state, zip: | | Physician phone #: | |
| Physician ID: | | Submission location: | |
| Referral request: | | Facility CPT: | |
| Referring facility: | Name: | Facility phone #: | |
| Facility address: | | | |
| City, state, zip: | | | |
| ICD-9 code description: | | | |
| Requested CPT code: | | CPT code description: | |
| Submit with office visit (SIC) or not: | | | |

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GENERAL USE CLINICAL CERTIFICATION REQUEST FORM
PA 000231841 - 03-08-2012

Patient name:

Member ID #:

PROVIDER (including name, M.D., D.O., M.D.(s), credentials (degrees, physical therapy only), license number(s) and/or the current position, fax, communication or contact):

DATE:

REASON:

RESULTS OF ASSESSMENT (include any tests performed in the current problem):

DATE:

RECOMMENDATION:

DATE:

PHYSICIAN SIGNATURE:

DATE:

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An Authorization Number is issued to the ordering physician when medical necessity (evidence-based clinical criteria) has been demonstrated. This should not be confused with a Case Number.

Authorizations are valid for 45 calendar days from the date of approval.

The format is an alpha code followed by numerical values and the CPT code.
Example: **A012123456-70450**

If the request passes all criteria and medical necessity is established:

- For cases submitted online or via phone, authorization numbers are issued immediately (online and verbally)
- For cases submitted via phone or fax, the ordering provider will receive a fax notification of the authorization number for their records

If the authorization request does not pass all criteria:

- The request is sent to a CareCore physician for review. Within **2 business days**, he/she will approve, deny or put the request “On Hold”
- If the request is “On Hold”, the referring provider has **14 calendar days** from the original authorization request date to provide the additional information requested for CareCore to render a decision

The referring provider will be informed of the reason for denial.

The referring provider may request a Peer-to-Peer discussion with a CareCore National Medical Director to review the decision within **3 business days** of the issuance of the denial.

If a provider resubmits an authorization request for a service that has already been denied within 45 calendar days of the original request, CareCore National will consider this request as an appeal and will forward to WellCare/Harmony for review.

Cases inconsistent with evidence-based criteria may not be certified.

In the event an adverse determination is issued, both the provider and the patient will be notified by letter.

Letters of non-certification (Notice of Adverse Determination) will include the guidelines for appeals.

For member appeals, you have the following timeframes to submit a pre-service appeal:

Missouri Medicaid - 90 business days

Missouri Medicare - 60 calendar days

All pre-service appeals should be submitted to, and determinations will be made by WellCare/Harmony.

Pre-service member appeals may be submitted to WellCare/Harmony by:

- Fax at **866-201-0657**
- Mail to:

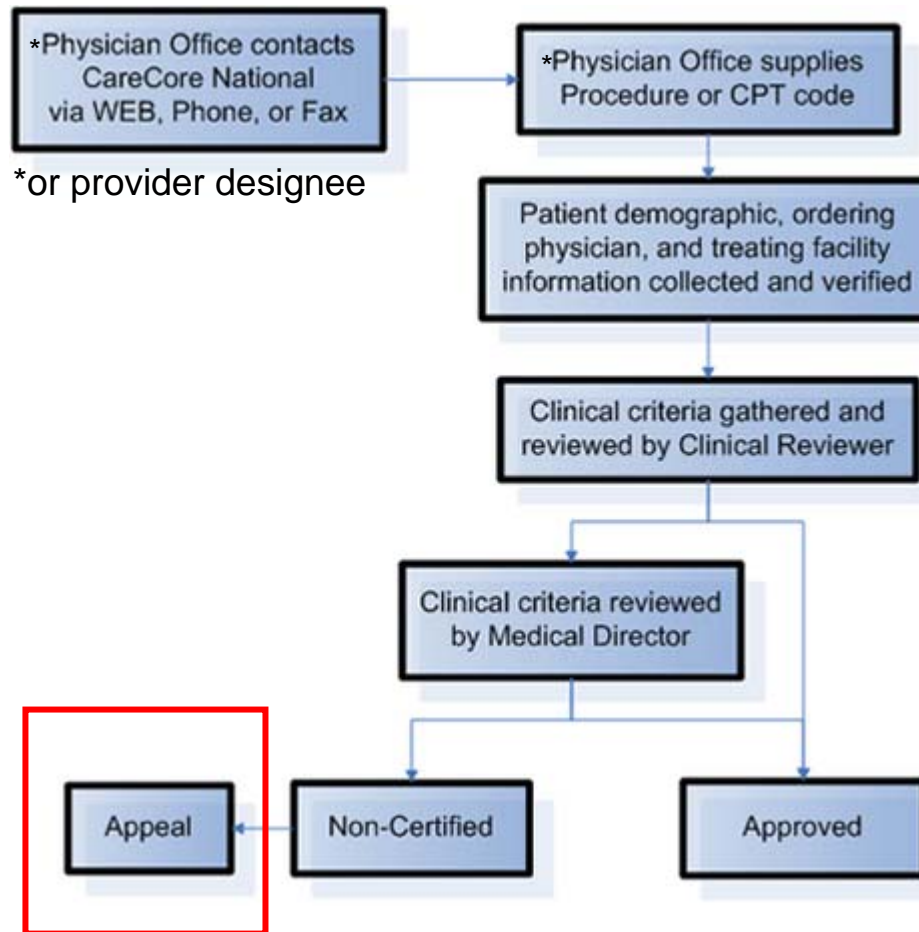
Attn: Appeals Department
PO Box 31368
Tampa, FL 33631-3368

Resolution of the pre-service appeal will occur within the following timeframes:

| | |
|-------------------|-------------------------|
| Standard Appeal | Within 30 calendar days |
| *Expedited Appeal | Within 72 hours |

**Expedited appeals are defined as where the member's life, health, or ability to regain maximum function would be in jeopardy by waiting the standard time frame for making a determination.*

RECAP: AUTHORIZATION REQUESTS



Intake and review of authorization requests are handled by CareCore

Appeals are submitted to, and determinations made by, WellCare/Harmony

The ordering physician may speak with a Medical Director at any point during the case management process.

A provider may call **1-888-333-8641** and select the option to speak with a Medical Director, or an internal staff member may transfer the physician to the physician's line.



Only one of the following may speak to a Medical Director:
Physician, Physician's Assistant, or Nurse Practitioner.

In an instance where a CPT code for the authorized procedure differs from the CPT code for the rendered procedure, the ordering or rendering provider may be required to contact CareCore National to modify the request.

Call **1-888-333-8641** and select **Customer Service**.

The following modifications to authorized procedures are required:

- Change in modality
- Adding contrast for MRI
- Addition of contiguous body parts

You have up to **2 business days** from the date of service to request a modification.

- Any time the CPT code changes, a new Authorization Number will be given

Radiology authorizations cannot be accessed via WellCare/Harmony's provider portal. Visit www.carecorenational.com and click on the **Authorization Lookup** link under Quick Links.

Authorization Lookup

Please select the HealthPlan you wish to search under:

* Provider ID:

Please select a search method:

Search by Patient Info

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

Search by Case Info

Case Number:

or

Authorization Number:



Quick Links

[Authorization Lookup](#)

[Eligibility Lookup](#)

[Horizon Site Registration](#)

[Claims Payment Portal Login](#)

[Equipment Standards](#)

[Criteria](#)

Or you may contact CareCore at
1-888-333-8641

CareCore National - Authorization Lookup - Microsoft Internet Explorer provided by CareCore National, L...

https://carriers.carecorenational.com/PreAuthorization/screens/authorizationlookup.aspx

File Edit View Favorites Tools Help

Home Authorization Lookup Eligibility Lookup Clinical Certification Physician Criteria Manage Your Account Cardiology Approval Report

Wednesday, March 31, 2010 12:18 PM Log Off (testdus)

Authorization Lookup

| | |
|-----------------------|-------------------------------------|
| Authorization Number: | A027076232 |
| Case Number: | 1017662737 |
| Status: | Approved |
| ApprovalDate: | 3/30/2010 1:13:50 PM |
| Service Code: | 73221 |
| Service Description: | MRI UPPER EXTREMITY JOINT W/O |
| Patient Name: | [REDACTED] |
| Member Code: | [REDACTED] |
| Site Name: | LEVY RICHARD |
| Site Address: | 365 BROADWAY KINGSTON, NY 12401 |
| Expiration Date: | 5/14/2010 1:13:50 PM |
| Date Last Updated: | 3/30/2010 1:15:21 PM |
| Correspondence: | VIEW CORRESPONDENCE |

| | |
|-----------------------|------------------------------------|
| Authorization Number: | A026546582 |
| Case Number: | 1017133396 |
| Status: | Approved |
| ApprovalDate: | 2/22/2010 2:13:48 PM |
| Service Code: | 70551 |
| Service Description: | MRI Brain W/O CONTRAST |
| Patient Name: | [REDACTED] |
| Member Code: | [REDACTED] |
| Site Name: | LEVY RICHARD |
| Site Address: | 365 BROADWAY KINGSTON, NY 12401 |
| Expiration Date: | 4/8/2010 2:13:48 PM |



Ordering Physician Login Register | Forgot Password?

User ID Password



Eligibility Lookup

Please select the HealthPlan you wish to search under:

* Provider ID:
* Patient ID: [?]
Patient Member Code:
* Patient Date of Birth:
MM/DD/YYYY

Quick Links
[Authorization Lookup](#)
[Eligibility Lookup](#)

www.carecorenational.com

You may continue to use the following options in addition to CareCore's Eligibility Lookup tool:

- Registered users may use www.wellcare.com for Medicare members
- Registered users may use www.harmonyhpm.com for Medicaid members
- Access WellCare/Harmony's Integrated Voice Response (IVR) system
- Contact WellCare/Harmony's Customer Service

1. Continue to submit claims to WellCare/Harmony
2. An authorization number must be included on all claims submitted

Please note the following scenarios. In the event you:

- Have multiple CareCore authorization numbers for the same claim and same date of service, only **one CareCore Authorization Number** needs to be submitted on the claim
- Have CareCore auth(s) and WellCare/Harmony auth(s) for the same patient and same date of service, only the **WellCare/Harmony Authorization Number** needs to be submitted on the claim



Medicare Provider Services:

1-866-687-8994

<http://wellcare.com>

Medicaid Provider Services:

Harmony Health Plan: **1-800-822-1340**

<http://www.harmonyhpm.com/>

The following resources can be found online under **Provider Resources**, then click **Provider Training Resources**:

- Provider training presentation
- *Requesting Authorization for Advanced Radiology Services* Job Aid
- Frequently Asked Questions (FAQs)
- Quick Reference Guide (QRG)



Contact CareCore National at **1-888-333-8641** or you can find tutorials and fax forms online at <http://www.carecorenational.com/provider-tools.asp>



EVIDENCE-BASED
SPECIALTY BENEFIT MANAGEMENT



**Thank you for reviewing the Overview of
Harmony Health Plan of Missouri, Inc.
Radiology Program**

In partnership with

