

CareCore National Frequently Asked Questions (FAQs) for WellCare of Georgia Providers	
Question	Answer
1. Who is CareCore National?	CareCore National provides Utilization Management services for Health Plans, with a focus on improving the quality and service level of Outpatient Diagnostic Imaging Service programs.
2. What is the relationship between WellCare Health Plans and CareCore National?	WellCare has contracted with CareCore National to manage outpatient radiology services at participating WellCare sites.
3. What are the different means of obtaining an authorization through CareCore National?	You can request an authorization via the CareCore National website, by fax, or by calling CareCore National directly.
4. What are the Prior Authorization telephone and fax numbers for WellCare providers to contact CareCore National?	1-888-333-8641 Telephone 1-866-896-2152 Fax Please note that you can also submit authorization requests online at www.carecorenational.com .
5. What are CareCore National's hours and days of operation?	CareCore National is available from 7:00 a.m. to 7:00 p.m. EST Monday through Friday.
6. What holidays does CareCore National observe?	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday following, and Christmas Day
7. What is CareCore National's Web site address?	www.carecorenational.com
8. What information is required in order to register on CareCore's website to request authorizations?	In order to register on CareCore's website, only the Provider ID is required.
9. What is WellCare Health Plan's Web site address?	www.wellcare.com (Medicare providers) and/or georgia.wellcare.com (Medicaid providers)

<p>10. What are WellCare Health Plan's important telephone numbers?</p>	<p>Georgia Medicare Plans:</p> <p>Provider Services: Eligibility, Claims, Utilization Management: 866-334-7730</p> <p>Georgia Medicaid Plans:</p> <p>Provider Hotline/Customer Service: 866-231-1821</p>
<p>11. What WellCare Health Plan plans/lines of business are covered under this agreement?</p>	<p>All WellCare products will be covered under this agreement.</p>
<p>12. Will CareCore National be processing claims for WellCare?</p>	<p>No</p>
<p>13. Will new ID cards be issued to WellCare Health Plan members?</p>	<p>No</p>
<p>14. What procedures will require prior authorizations?</p>	<p>Magnetic Resonance Image (MRI), Magnetic Resonance Angiography (MRA), Computerized Axial Tomography (CT), Positron-Emission Tomography (PET), Nuclear Medicine, SPECT, OB Ultrasounds, and Nuclear Cardiology.</p>
<p>15. What medical providers will be affected by this agreement?</p>	<p>All freestanding diagnostic facilities, outpatient hospital settings, and ambulatory surgery centers, as well as any physician's office that provides MR, CT, PET and SPECT for Medicare and Medicaid, as well as certain ultrasounds, Nuclear Medicine, and Nuclear Cardiology procedures for Medicaid.</p> <p>All Physicians who order the studies listed above are required to obtain a prior authorization for services before the services are rendered.</p>
<p>16. If a Primary Care Physician refers a patient to a specialist, who then determines that the patient needs a radiology study that requires prior authorization, who needs to request the prior authorization?</p>	<p>The physician who orders the imaging study should request the prior authorization. In this case, it would be the specialist.</p>
<p>17. What information will be</p>	<p>➤ Member's Plan Name</p>

<p>required to obtain a prior authorization?</p>	<ul style="list-style-type: none"> ➤ Patient's Name, Date of Birth, and Member's WellCare ID Number ➤ Ordering Physician's Name, Provider ID Number, Address, and Telephone and Fax Numbers ➤ Imaging Facility's Name, and Telephone and Fax Numbers ➤ Requested Test(s) (CPT Code or Description) ➤ Working Diagnosis ➤ Signs and Symptoms ➤ Results of Relevant Tests ➤ Relevant Medications <p>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 MRIs may require clinical notes to be faxed to CareCore National.</p>
<p>18. Do imaging services provided in an inpatient setting at a hospital or emergency room setting require a prior authorization?</p>	<p>No, imaging studies ordered through an emergency room treatment visit, while in an observation unit, or during an inpatient stay do not require a prior authorization.</p>
<p>19. What will happen if the referring provider's office does not know the specific test code (CPT) that needs to be ordered?</p>	<p>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.</p>
<p>20. 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>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.</p>

<p>21. What is the process that providers will follow if CareCore National is not available when they need to obtain a prior authorization?</p>	<p>If the test is not urgent, a physician with office hours later than CareCore National's call center coverage may submit a request via fax or the Web, and CareCore National will process it 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.</p>
<p>22. How can a referring provider indicate that an imaging study is clinically urgent?</p>	<p>Notify the CareCore National agent that the test is clinically "URGENT" and demonstrate the clinical urgency by attaching the appropriate clinical documentation.</p>
<p>23. How long will the prior authorization process take?</p>	<p>70% 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, and a time-stamped approval will be available for printing.</p>
<p>24. What types of physicians does CareCore National employ to review prior authorization requests?</p>	<p>CareCore National employs physicians of various specialties to respond to network needs.</p>
<p>25. How will the referring provider or rendering provider know that a prior authorization has been completed?</p>	<p>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.</p>
<p>26. What information about the prior authorization will be visible on the CareCore National Web site?</p>	<p>The authorization status function on the Web site will provide the following information:</p> <ul style="list-style-type: none"> ➤ Prior Authorization Number/Case Number ➤ Status of Request ➤ CPT Code ➤ Procedure Name ➤ Site Name and Location ➤ Prior Authorization Date ➤ Expiration Date

<p>27. How will all parties be notified if the prior authorization has been approved?</p>	<p>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, on the other hand, will be notified in writing of any adverse determinations. Written notification is provided to the rendering provider upon request if he or she contacts CareCore National's Customer Service.</p>
<p>28. If a prior authorization is not approved, what follow-up information will the referring provider receive?</p>	<p>The referring provider will be informed of the reason for denial. Please note that within 14 days of the issuance of the denial, 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.</p>
<p>29. Can the rendering provider or diagnostic facility initiate the prior authorization for the referring provider?</p>	<p>Yes, the rendering provider (ex: Hospital, diagnostic facility, etc.) can request the authorization as long as they have both the referring provider's information AND the clinical information of the case.</p>
<p>30. Is there an appeal process if the prior authorization is not approved?</p>	<p>Yes, WellCare will be handling all levels of Appeal. Appeal rights are detailed in communications sent to the providers with each adverse determination.</p>
<p>31. What is the format of the CareCore National authorization number?</p>	<p>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.</p>
<p>32. 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?</p>	<p>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.</p>
<p>33. Is a separate authorization needed for each CPT code?</p>	<p>Yes</p>
<p>34. Can multiple units a of service be requested for a specific CPT code?</p>	<p>Yes, multiple units of a service can be requested for a specific CPT code, but please note that a separate authorization is required for each CPT code and each unit of service requested. For complex authorizations that require multiple CPT codes and/or units of service, providers should not attempt to use the web and should call CareCore National directly.</p>

<p>35. Does the authorization number need to be included on the claim form when submitting an insurance claim for payment?</p>	<p>Yes, but only the Authorization Number for the Primary Procedure Code needs to be submitted on the claim.</p> <p>In circumstances in which you have both a WellCare authorization number (for non-radiologic services for example) and a CareCore National authorization number, then the WellCare authorization number should be the number that is submitted on the claim.</p>
<p>36. How long will the authorization approval be valid?</p>	<p>Prior Authorizations are valid for 45 days from the date of the approval.</p>
<p>37. 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?</p>	<p>Yes</p>
<p>38. If the office does not have Web access, how can a provider verify that a study has been previously approved?</p>	<p>If the office does not have Web access, you can call CareCore National toll free at 1-888-333-8641.</p>
<p>39. Will CareCore National be conducting practice assessments?</p>	<p>Yes, CareCore National will conduct facility assessments of freestanding radiology sites.</p>
<p>40. Will the radiology group that does not own equipment but only contracts to provide the professional interpretation be required to complete a Practice Assessment Tool?</p>	<p>No, the Practice Assessment Tool should be completed by the diagnostic imaging entity that owns the equipment and bills the global services; however, the name of the radiologist that reads at that specific location must be listed.</p>
<p>41. When will the imaging site know the findings of the assessment?</p>	<p>The site will receive a letter from WellCare after the assessment has been completed.</p>