

Evidence-based Solutions



Healthfirst Radiology/Cardiology



History

- Founded in 1994
- Licensed Utilization Review Agent
- Redundant Call Centers in NY, SC, CO
- NCQA Certified and URAC Accredited
- Provide Utilization Management Services
- Consulting Payer Services
- Capitated Risk Contracts
- Over 1,000 Employees
- Professional Full-Time MD staff
- Consultative Physician Staff Members
- Licensed Registered Nurse Professionals



Credentialing and Recredentialing

Utilization Management







Healthfirst

Tentative dates:

Go live date: March 1, 2011

Phone live date: February 24, 2011





Staffing:

- Intake Coordinators
- Clinical Reviewers
- Medical Directors
- Physician Peer Consultants



Prior Authorization is required for Advanced Imaging Studies:



- MRI/MRA
- CT Scan
- CCTA
- Nuclear Medicine/Cardiology
- Pet Scan



Places of Service NOT requiring Prior Authorization:



- Emergency Department services
- Skilled Nursing Facility
- Urgent Care Facility services
- Ambulatory Surgery services
- Inpatient services



Basic Process Overview:

 Referring / Ordering Provider Must Obtain Prior Authorization through CareCore National PRIOR to Services being Rendered.

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 Prior Authorization # Format: Ex: A001234567 – 73721

> Position 1 – Letter Next 9 Positions – Number Last 5 Positions – CPT Code



Who Initiates a Prior Authorization?

- Initiated by the REFERRING / ORDERING PHYSICIAN (Non-Radiologists)
- A Prior Authorization Number is Required for Advanced Imaging Procedures
- CareCore National will NOT accept a Prior Authorization Request from a Radiology Facility



How to Initiate a Prior Authorization Case:

Referring/Ordering Physicians:

• Via Phone - *1-877-773-6964* Monday – Friday, 7am-7pm Local time

- Via Fax 1-800-540-2406
- Via Website Log onto <u>www.carecorenational.com</u>



Prior Authorization Information:

- Authorizations are Valid for 45 days from the Date of Authorization approval
- After 45 days, the Authorization Number Expires and a NEW Authorization Request is Required
- CareCore Downloads Authorizations onto their Website Daily for Providers to Check Authorization Status (every 10-15 minutes)



Addition of Contrast:

- Assume a Rendering Provider has Prior Authorization for a
 Member for a Procedure Without Contrast
- If Provider Findings During the Procedure Warrant Addition of Contrast, Rendering Provider May Do So At the Time of the Initial Procedure
- <u>Rendering Provider</u> then has 2 (two) Business Days from Date of Service to call CareCore for CPT Code Upgrade



Urgent Cases:

- All urgent cases must be phoned into CCN clinical review @ 1-877-773-6964
- If a case is medically urgent, CareCore has 3 business hours to turnaround an authorization request upon receipt of full clinical information



Peer to Peer:

- Physicians who do not agree with CareCore Nationals determination, may call the Peer to Peer consultation line to discuss the actual case in detail with a Medical Director.
- 1-877-773-6964 prompt # 4



Website Home Page

Evidence-based Solutions



Evidence-Based Specialty Benefit Management

Radiology

CareCore Radiology works with each client to strategically identify opportunities to improve utilization and enhance quality through seamless solutions that integrate all aspects of patient centered care



Radiation Therapy

Address appropriateness of technology, treatment plan goals, standards of care and billing of radiation therapy services.

Cardiology

Oncology

Management tools focused on

and chemotheraneutic agents



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reimbursement and utilization management

of oncology drugs and high-cost injectable



Lab Management

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Maximize care delivered to patients with actute and chronic pain using criteria developed from best practices and the most current evidence NEW! Interactive Radiation Safety Calculator

Quick Links

Authorization Lookup
Eligibility Lookup

Horizon Site Registration
Claims Payment Portal Login

Equipment Standards

Criteria

Current News

Updated Equipment Standards Effective January 1, 2011

<u>OB Ultrasound Pre-Authorization</u> <u>Program</u>

CareCore National Program Tackles Rising Cost of Laboratory Services



User Registration

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Register for a User Name

Please read the following carefully, it will provide you with directions and a list of the information you will need to register.

Step 1: User Information you will need to provide contact and user information.

Required Information - Contact Name, Address, Phone and Email Address.

If you do not have a company email address, please register for a web-based email address at Yahoo or Hotmail, before starting this process.

Step 2: Provider Information During the second step, you will need to provide information on each physician you wish tied to your account.

Required Information - Tax Id, NPI and Provider Numbers for each Healthplan the Physician participates with.

Please gather this information before starting this process.

During this step, we will search our database and find matches to the physicians you enter. You will be asked to validate the data found for each physician.

Lastly, we will provide you a user name and password, and provide a status on each physician you requested for your account. In the case that a physician you requested did not match one found in our database, we will work with the HealthPlan to resolve the issue and contact you via email when the physician becomes active.

Information You will Need to Register:

- Contact Name
- Address
- Email Address
- Phone

For each Physician: - TaxID

- NPI
- Provider Number as assigned by each Health Plan

CONTINUE



Initiating Prior Auth

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Register for a User Name

* Indicates Required Field.

Referring Physician * User Type: Rendering Physician * Office / Facility Name: * Primary Contact Name: * Email Address: * Confirm Email Address: * Mailing Address: AE 🔽 * City/State/Zip: * Phone: Fax:

Please select a User Name and Password.



Initiating Prior Auth

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NEW! Interactive **Radiation Safety** Calculator

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Authorization Lookup <u>EligibilityLookup</u> 🔯 Horizon Site Registration Claims Payment Portal Login 🔰 Equipment Standards ව Criteria 🔝

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Oncology

Management tools focused on

and chemotheraneutic agents







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Tuesday, October 26, 2010 3:05 PM

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Request a clinical certification >>
Look up an existing authorization >>

Check member eligibility >>



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Initiating Prior Auth

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Tuesday, October 26, 2010 2:59 PM

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Clinical Certification

Identify a referring physician by Name, Location, and Insurance Carrier to proceed.

| Physician Name: | E | ~ |
|--------------------|-------------------|---|
| Location: | 1515 BROAD STREET | ¥ |
| Insurance Carrier: | | Y |

Cancel Print Continue

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Clinical Certification

| hysician's Name | | [?] |
|------------------|----------|-----|
| Who to Contact | | [?] |
| Fax | | [?] |
| Phone | | [?] |
| Ext. | | [?] |
| Cancel Back Prin | Continue | |

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Clinical Certification

Please select the program for your certification:

Radiology and Cardiology

Oncology and Drug Management Programs

ORadiation Therapy Management Program (RTMP)

OPain Management

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| | | Clinical Certificati |
|-----------|----------|-------------------------|
| 30% (| Complete | Patient ID: |
| | omprete | Date Of Birth: |
| Physician | EDIT | Patient Last Name Only: |
| | | ELIGIBILITY LOOKUP |
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| | | Clinica | l Certificat | tion | | | | |
|-----------|---------|------------|---------------|-------------|------------|-----|--------|---------|
| 20% 0 | | Patient ID | : | | | | | |
| 50% CC | omprete | Date Of B | irth: | | MM/DD/YYYY | | | |
| Physician | EDIT | Patient La | st Name Only: | | [?] | | | |
| | | LOOKUP AG/ | AIN | | | | | |
| | | | | | | | | |
| | | Search Re | sults | | | | | |
| | | | Patient ID | Member Code | Name | DOB | Gender | Address |
| | | SELECT | | | | | | |
| | | Cancel | Back Print | | | | | |

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

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Clinical Certification

Patient ID: Date Of Birth:

Patient Last Name Only:

CLEAR PATIENT SELECTION

\$

Patient History

| Case Number | Authorization Number | Status | Service Code | Description | Last Modified |
|-------------|----------------------|--------|--------------|--------------------------------|---------------|
| 1021026566 | A | А | RCBREA | Breast Cancer | 4/16/2010 |
| 1016696930 | N/A | М | 76645 | US BREAST(S) UNILAT. OR BILAT. | 1/21/2010 |
| 1016696923 | N/A | М | 76090 | MAMMOGRAPHY UNILATERAL | 1/21/2010 |
| 1016454171 | N/A | М | 77080 | CPT Code not found | 1/4/2010 |

MM/DD/YYYY

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|------|----------------------|--------------------|------------------------|--------------------|---------------------|----------------------------|
|------|----------------------|--------------------|------------------------|--------------------|---------------------|----------------------------|

Tuesday, October 26, 2010 3:16 PM

Log Off (E

| 40% Co | omplete | Clinical Certification What is the expected procedure date? MM/DD/YYYY |
|-----------|---------|--|
| Physician | | Radiology Procedures |
| | EDIT | Select a Procedure by CPT Code [?] or Description [?] |
| Patient | | |
| Patient | EDIT | |
| | | Diagnosis |
| | | Select an ICD-9 Code (Lookup by Code or Description) |
| | | Cancel Back Print |

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Tuesday, October 26, 2010 3:18 PM

| 40% Complete | | | | |
|--------------|------|--|--|--|
| Physician | EDIT | | | |
| | | | | |
| Patient | EDIT | | | |
| | | | | |
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| | | | | |

Clinical Certification

Confirm your service selection.

| Procedure Date: | 10/30/2010 |
|---------------------|--------------------------------|
| CPT Code: | 73718 |
| Description: | MRI LOWER EXTREMITY W/O CONTRA |
| ICD-9 Code: | 719.46 |
| Diagnosis: | Joint pain-l/leg |
| Change Procedure or | Diagnosis |
| | |
| Cancel Back Pri | nt Continue |

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Wednesday, October 27, 2010 12:35 PM

Log Off (

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| 60% Complete | | Clinical C Selected Site: |
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| Physician | EDIT | Cancel Back |
| Patient | EDIT | |
| Service 10/30/2010 73718 MRI LOWER EXTREMIT W/O CONTRA 719.46 Joint pain-I/leg | EDIT Y | |
| Site | | |

Clinical Certification

Cancel Back Print Continue

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Wednesday, October 27, 2010 12:37 PM

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|---|---|------|---|
| Patient Once y EDIT entered Service addition 10/30/2010 EDIT CASE & Nation | Physician | EDIT | You are a |
| Service addition 10/30/2010 EDIT CASE & 73718 MRI LOWER EXTREMITY W/O CONTRA Nation | Patient | EDIT | Once you entered in |
| 719.46 Joint pain-I/leg Cancel Site | Service 10/30/2010 73718 MRI LOWER EXTREMITY W/O CONTRA 719.46 Joint pain-I/leg Site | EDIT | In order exiting th addition: CASE but National Cancel |

Clinical Certification

You are about to enter the information phase of the Clinical Certification Request.

Once you have clicked 'Continue', you will not be able to edit the Physician, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

Cancel Back Print Continue

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Tuesday, October 26, 2010 3:20 PM

Clinical Certification

Which side is being evaluated?

- 🔘 Right
- 🔘 Left
- O Bilateral

Exit the review

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Clinical Certification

Does the member have any of the following symptoms or findings?

- O Tenderness
- O Swelling
- O Pain on passive stretching
- Pain with active motion
- O Other

Exit the review

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Tuesday, October 26, 2010 3:25 PM

Clinical Certification

You may provide any additional information at this time. Click SUBMIT CASE if you have no further information to provide.

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print SUBMIT CASE

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Cardiology Approval Report Log Off (



- If approved, you are now provided with the Authorization number
- If not approved, you will be provided with a case number. The clinical information provided will be reviewed by a member of the CareCore National clinical staff



Authorization LookUp:

- Go to <u>www.carecorenational.com</u>
- Click on 'Authorization Lookup
- Select Health Plan Name
- Required Fields
 - Enter Health Plan Provider ID (All carriers)
 - Enter Office Name or Physician Name
- To Search by Patient ID
 - Click the Box indicating "Search by Patient info"
 - Enter Patient ID
 - Enter Patient DOB
 - Click Search at bottom of the screen
- To Search by Authorization Number or Case Number
 - Click the Box indicating "Search by Case info"
 - Enter the Case Number in the appropriate field OR Enter the Authorization Number in the appropriate field
 - Click Search at the bottom of the screen



Authorization Lookup

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Evidence-Based Specialty Benefit Management

Radiology



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Cardiology

Oncology

Management tools focused on

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Current News

Updated Equipment Standards Effective January 1, 2011

<u>OB Ultrasound Pre-Authorization</u> <u>Program</u>

CareCore National Program Tackles Rising Cost of Laboratory Services



Authorization Status

v

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Authorization Lookup Eligibility Lookup

Tuesday, October 26, 2010 3:28 PM

Authorization Lookup

| Please select the HealthPlan | you wish to search under: | HEALTHFIRST |
|------------------------------|---------------------------|-------------|
|------------------------------|---------------------------|-------------|

* 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:

Back Print Search

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Authorization Lookup Eligibility Lookup

Tuesday, October 26, 2010 3:32 PM

Authorization Lookup

| Authorization Number: | NA |
|-----------------------|--------------------------------|
| Case Number: | |
| Status: | Currently in Review |
| ApprovalDate: | |
| Service Code: | 78452 |
| Service Description: | MPI SPECT REST/STRESS MULTIPLE |
| Patient Name: | |
| Member Code: | |
| Site Name: | |
| Site Address: | |
| Expiration Date: | |
| Date Last Updated: | 10/26/2010 3:28:57 PM |
| Correspondence: | VIEW CORRESPONDENCE |
| | |

Print Done Search Again

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Eligibility Lookup:

- •Go to www.carecorenational.com
- Click on Eligibility Lookup
- Select Health Plan Name
- Required Fields
 - Enter Health Plan Provider ID (All Carriers)
 - Enter TIN #
 - Enter Office Name or Physician Name
 - Enter Patient ID
 - Enter Patient Member Code (if applicable)
 - Enter Patient DOB
- Click 'Search' at the bottom of the screen



Eligibility Lookup

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|---|---------------------------------------|----------|--------------------------|----------------------|---------------------|-----------------|
| CareCore | | | Ordering Phys User ID | Sician Login Registe | r Forgot Password | 1? ENTER >>) |



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Eligibility Verification

Y

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Authorization Lookup Eligibility Lookup

Tuesday, October 26, 2010 3:39 PM

Eligibility Lookup

| Please select the HealthPlan you wish to search under: HEALTHEIRST |
|--|
|--|

[?]

| * | Provider | ID: |
|---|----------|-----|
| | riovider | IU- |

| * | Patient | ID: |
|---|---------|-----|

Patient Member Code:

| * | Patient | Date | of | Birth |
|---|---------|------|----|-------|
|---|---------|------|----|-------|

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| Back | Print | Search | |
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Eligibility LookUp

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Authorization Lookup Eligibility Lookup

Tuesday, October 26, 2010 3:40 PM

Eligibility Lookup

Health Plan: HEALTHFIRST

Patient ID:

Member Code:

Radiology Eligibility: Pre-Certification Required

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Provider Website

Resources

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Provider Resources:

Provider Tools Process Tutorials Radiology Fax Forms

Clinical Criteria



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 How to make contact with a Provider Relations Representative:

1-800-918-8924 ext. 12217



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Questions