

Frequently Asked Questions

Prior Authorization Process:

Radiology, Medical Oncology, Radiation Oncology & Sleep



Who is HealthHelp? HealthHelp is a specialty benefit management company that partnered with Essence Healthcare to administer a consultative authorization program for radiology, medical oncology, radiation oncology, and sleep services.

What is HealthHelp's Program for Essence Healthcare? HealthHelp provides a consultative, educational authorization program that improves quality and reduces the cost of care by providing expert peer consultation and the latest evidence-based medical criteria for The Programs. The HealthHelp authorization process involves collecting relevant clinical information from the ordering/treating physician's office, reviewing this information alongside current evidence-based guidelines, and if necessary, providing physician-to-physician consultation on treatment and/or test appropriateness and patient safety. If the requested service does not meet evidence-based guidelines, a HealthHelp Radiologist, Oncologist, or other Specialist will have a provider-to-provider conversation with the requesting physician to consider alternatives. Note: Authorization decisions are not made based on monetary incentives.

What are the tests and procedures that would require a prior authorization within each specialty? Effective January 1, 2019 ordering practitioners will be required to obtain authorization for Sleep and Medical Oncology in addition to Radiology and Radiation Therapy.

- > **Radiology:** CT, CTA, MRI, MRA , PET, Cardiac Nuclear Medicine
- > **Medical Oncology:** Chemotherapy, hormone therapy, biologics, supportive care medications
- > **Radiation Oncology:** 2D3D, Brachytherapy, Stereotactic , Proton Beam, IMRT, IGRT
- > **Sleep:** In-lab polysomnography

NOTE: A complete list of procedure codes requiring authorization can be found at www.healthhelp.com/Essence

Is quality review required for all identified tests and procedures? Yes, an authorization is required to ensure successful processing of your claims payment. All tests and procedures identified above will require authorizations through the HealthHelp process beginning January 1, 2019.

What if I already use HealthHelp to request prior authorizations for another health plan? All new requests for access to HealthHelp's online authorization request system must be submitted through the enrollment form posted to www.healthhelp.com/Essence . New online accounts are typically created within 24 business hours from receipt of the complete enrollment form.

If you already have online access to the HealthHelp system through another health plan, please contact HealthHelp's program support to request that Essence Healthcare be added to your existing access and provide your current User ID to (RCSupport@HealthHelp.com or call (800) 546-7092). Also, if you submit requests on behalf of Essence Healthcare ordering providers, you will need to provide the full name of all Essence Healthcare providers that you will be placing requests for.

How can providers request a prior authorization number for radiology, medical oncology, radiation oncology and sleep services? Ordering physicians can request an authorization for radiology, medical oncology, radiation oncology, and sleep services using one of the following three methods:

- > Internet/web: www.healthhelp.com/Essence
- > Fax: 888-285-6851 (request forms can be obtained at the above website)
- > Phone: 888-285-6772

HealthHelp representatives are available from 7:00 AM to 7:00 PM Central Standard Time, Monday through Friday & Saturday 7:00 AM – 4:00 PM Central Standard Time. The website is available 7 days a week, 24 hours a day.

*NOTE: **The most efficient method for obtaining a quality review tracking number is through the web.** Please contact HealthHelp program support at 800-546-7092 if you need assistance with setting up web access.*

How can I obtain a login to submit my requests to HealthHelp online? All new requests for access to HealthHelp's online system must be submitted through the enrollment form posted to www.healthhelp.com/Essence. New online accounts are typically created within 24 business hours from receipt of the complete enrollment form. HealthHelp representatives are available from 7:00 AM to 7:00 PM Central Standard Time, Monday through Friday & Saturday 7:00 AM – 4:00 PM Central Standard Time. After-hours requests may be submitted by fax or web portal.

What information is needed to initiate a prior authorization request for radiology, medical oncology, radiation oncology and sleep services? The following information is required for all quality review requests and should be available in the patient's chart:



- > Member name and ID number
- > Ordering physician name
- > Ordering physician telephone and fax numbers
- > Member diagnosis or clinical indication
- > Test being ordered (CPT code)
- > Reason for test
- > Member symptoms and duration
- > Prior related diagnostic tests
- > Laboratory studies
- > Member medications and duration
- > Prior treatments
- > Summary of clinical findings
- > Member risk *(primarily applies to imaging requests related to cancer screening indications)*

For medical oncology, radiation oncology, or sleep services include the following information in addition to items listed above:

Medical Oncology

- > Treatment requested (CPT/HCPCS Code)
 - > Medication/ final dose per treatment/ duration
 - > Cycle start date/ length/ cycles requested
 - > Prior surgical intervention
 - > Cancer stage/ performance status
 - > Prior radiation treatment
 - > If chemotherapy inpatient: how many days
- Most recent labs, radiology report, pathology, and office notes

Radiation Oncology

- > Cancer staging
- > Number of fractions requested
- > Dose per fraction
- > Type of radiation therapy (i.e. 2D3D, IMRT, etc.)

Sleep

- > Procedure code and description
- > Diagnosis code and description
- > Physical exam findings (hypertension, BMI, neck circumference)
- > Risk questionnaire (snoring, snorting, gasping/choking)

If prior authorizations are not required for emergency and inpatient services, why is “Inpatient Facility” included as a possible rendering provider type on the Advanced Radiology fax request form and the Radiation Therapy and Medical Oncology Services fax request forms?

Certain medical procedures and/or certain chemotherapy treatments, are often conducted in the inpatient setting due to the complicated nature of the procedure or risk of adverse side effects. When these procedures or services are included as part of a standard treatment plan and are not the result of an emergency medical condition, they require prior authorization regardless of the treatment setting.

I am a provider who has not been required to submit prior authorization requests previously for the identified sleep procedures. How will this new requirement affect me?

Effective January 1, 2019 providers treating Essence Healthcare members are now required to submit authorization requests for the following sleep procedures. HealthHelp's process for evaluating authorization requests involves collecting relevant clinical information from the ordering/treating physician's office, reviewing this information alongside current evidence-based guidelines, and if necessary, providing peer-to-peer consultations.

I am a provider who has not been required to submit prior authorization requests previously for medical oncology procedures. How will this new requirement affect me?

Effective January 1, 2019, providers treating Essence Healthcare members are now required to submit authorization requests for medical oncology procedures (chemotherapy, hormone therapy, biologics, and supportive care medications), in addition to any appropriate imaging requests. As with all other identified services, the HealthHelp process for evaluating authorization requests involves collecting relevant clinical information from the ordering/treating physician's office, reviewing this information alongside current evidence-based guidelines, and if necessary, providing peer-to-peer consultations with board-certified medical oncologists with expertise in specific areas of cancer treatment.

When should an ordering provider initiate a prior authorization request for medical oncology and radiation oncology services?

The ordering provider should request a prior authorization for cancer care services prior to beginning any treatments. Requests should be initiated once the consult and simulation has occurred, and an appropriate treatment plan has been decided upon. Requests for Oncology treatments (therapies from the managed drug list) must have a cancer indication for HealthHelp to accept and evaluate the request.

What happens if the medical oncology or radiation oncology treatment plan changes?

If there is a change in the treatment plan (e.g. metastasis is discovered during treatment), it will be necessary to obtain a prior authorization number for additional treatments.

What if there are special circumstances involving the type of cancer and/or treatment?

HealthHelp uses board-certified medical oncologists and radiation oncologists with expertise in specific areas of cancer treatment to provide peer-to-peer consultations. The ordering physician has the opportunity to discuss the special needs of the patient with a physician who specializes in that clinical condition.

How long does the authorization approval process take?

Assuming appropriate criteria has been met and the necessary information (as outlined previously) is provided, prior authorization requests can be completed in minutes.

➤ If the prior authorization request is submitted via phone or fax, HealthHelp will submit a

confirmation fax to the fax number collected during the prior authorization request process.

- > If the request for a prior authorization is submitted online, the provider office may immediately print the confirmation sheet within the online tool.



Should a procedure need clinical or peer review, prior authorization can take up to 48 hours at each step (e.g. review with a nurse or physician reviewer). For complicated cases, this time period may be extended. For cases subject to clinical or peer review, a fax submission is responded to immediately via a fax to the ordering physician's office. Requests submitted online will indicate that a referral to clinical review has been made, and provide the option to call in or wait to be contacted by the nurse/doctor conducting the review.

Can I check to see if a prior authorization has already been obtained for a member? Yes. When you are logged into the HealthHelp website click the "web status" link at the top of the page. A provider may search for a request by entering the member's name, date of birth and/or member number. Overall, for best search results, please make sure the spelling of any name is accurate, the member number is correct, and the date range is consistent with the member's treatment. You may also check the status of a prior authorization by calling HealthHelp's inbound call center at 888-285-6772.

How can my staff get additional training or support?

HealthHelp provides training throughout the course of our business relationship with Essence Healthcare. We work closely with the provider network to train providers and office staff on the procedures used for acquiring proper prior authorizations.

Learn more by attending a webinar or view our user guide

- > Our quick overview takes only a few minutes and will introduce you to the authorization request process.
- > Learn more at www.healthhelp.com/Essence



To request more information on this program or request additional training, please contact:

- Program Support
- RCSupport@healthhelp.com
- Phone: 1-800-546-7092