



Mary Washington
Medicare Advantage



HealthHelp Questions and Answers

How can I contact HealthHelp?

HealthHelp can be contacted in three ways:

- > Web –
www.healthhelp.com/marywashington
- > Phone – 800.816.2034
- > Fax – 800.816.7635
- > Expedited Fax – 855.669.8761

What are HealthHelp's hours of operation?

The WebConsult site is available 24 hours a day, 7 days a week. HealthHelp representatives and physicians are available via phone Monday through Friday from 7 a.m. to 7 p.m. Central Time and Saturday from 7 a.m. to 4 p.m. Central Time. *Additionally, to handle after hours medical oncology requests, HealthHelp has dedicated after hours services and on call nurses available. When calling after-hours, an after-hours service agent will ask for your First and Last name, contact number and member ID associated with the request. Once this information is collected, one of HealthHelp's on call nurses will contact you to finalize the request.*

Who requires an authorization?

Authorizations are required for Medicare members.

Does HealthHelp check the eligibility of the patient?

Yes, HealthHelp receives weekly eligibility files from the HealthPlan. If the member is not

on the eligibility file, HealthHelp has the ability to add member records after confirming with the Health Plan's Customer Service Department.

What information should our office provide when submitting a procedure/treatment request for authorization?

Relevant clinical information includes the diagnosis, ICD-10 code, name of the ordered procedure/treatment, CPT code, reason for the procedure/treatment, duration of symptoms, prior imaging studies, laboratory studies, medications, prior treatments, and notes from last two office visits.

What procedures require an authorization?

You can find a list of the procedures that HealthHelp reviews by visiting the Mary Washington Medicare Advantage Consult page at the following link and selecting the "Procedure Codes" link to download the PDF reference:

www.healthhelp.com/marywashington

Does HealthHelp supply CPT or ICD-10 codes once a diagnosis is given?

To expedite the clinical review process, it is best if the physician's office is prepared to deliver this type of information. However, this information is available when using WebConsult online.

Visit our website for more information at
www.healthhelp.com/marywashington



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How does the authorization request process work?

The ordering physician's office engages HealthHelp prior to scheduling the procedure/treatment to be ordered. HealthHelp collects all relevant clinical information and reviews it alongside evidence-based guidelines. HealthHelp programs follow URAC and NCQA guidelines for utilization management.

When the clinical rationale is inconsistent with the guidelines, a board-certified specialist consults with the ordering physician to evaluate available diagnostic/treatment opportunities. When in doubt or when ordering a procedure or treatment that carries significant risk, the ordering physician may benefit from the knowledge of an expert in the specialty field. The collaborative, educative process helps physicians make the best decisions for their patients.

The clinical review process is completed in a timely manner upon receipt of all clinical information needed to make a determination.

An authorization confirmation, including a Mary Washington Medicare Advantage tracking number, is then faxed to the provider's office.

How does the authorization make it into the Mary Washington Medicare Advantage system?

The authorization is entered into the Health Plan's claims system via delivery of a daily authorization file.

Can I check to see if an 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 800.816.2034.

Does the number have an expiration date?

Yes, 90 days after the date of authorization for Radiation Therapy and Sleep modalities; 30 days after the date of authorization for diagnostic modalities and 180 days after the date of authorization for medical oncology modalities.

Are retroactive procedure/treatment requests reviewed for authorization?

Yes. They have to be obtained within 30 days from the date of service.

Does this mean that HealthHelp will preauthorize or deny services?

HealthHelp will authorize requests that are medically appropriate and provide educational consultation for those that do not meet clinical guidelines. Certain modality requests that do not meet clinical guidelines will be referred to the health plan for final determination.

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What if I want to speak to a Physician Reviewer or Medical Director?

If you would like to speak with a Physician Reviewer or the Medical Director, you can do so by calling HealthHelp's Utilization Management (UM) Team at (877) 883-5690, ext. 3220. A UM Nurse will assist with facilitating the call between your ordering physician and our Physician Reviewer or Medical Director, as appropriate.

What are the clinical criteria used for HealthHelp's programs in determining the appropriateness for ordering procedures/treatments?

HealthHelp's programs use proprietary clinical guidelines updated regularly with peer-reviewed literature from the industry. Determinations and recommendations are made in accordance with acceptable medical standards and appropriateness-of-care guidelines.

Are these Interqual criteria?

No. HealthHelp's clinical guidelines are based on current peer-reviewed literature.

How are your criteria developed?

HealthHelp's proprietary clinical review criteria are developed using existing guidelines (e.g., American College of Radiology), current medical literature, and regionally accepted practice protocols for particular diagnosis codes and procedures/treatments.

Can I get a copy of your criteria?

Yes, criteria can be accessed on HealthHelp's website at www.healthhelp.com/resources/.

They are also available by calling HealthHelp's Clinical Guidelines Department at (877) 685-5264.

Are the criteria current?

Yes, all existing criteria are reviewed at least annually.

Can I suggest a change to your criteria?

Yes, we welcome your suggestions. Please submit any suggestions with supporting peer-reviewed literature to buhnerkemperr@healthhelp.com. The package will be reviewed for appropriateness and submitted to the physician advisory committee for acceptance. We will respond to you within sixty days.

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