

## Frequently Asked Questions

### Authorization Process

#### Who is HealthHelp?

HealthHelp is a specialty benefit management company that has partnered with MO HealthNet to administer a consultative authorization program for Radiology and Cardiology services.

#### What is HealthHelp's Program for MO HealthNet?

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 Radiology and Cardiology procedures. 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 academically affiliated Radiologist, Cardiologist/ Interventional Cardiologist, will have a provider-to-provider conversation with the requesting physician to consider alternatives.

#### What are the tests and procedures that would require an authorization within each specialty?

Effective February 1, 2016 the following program and program modality, authorization requirements went live:

- > **Radiology:** CT/ CTA/ MRI/ MRA/ PET
- > **Cardiology:** Cardiac Nuclear Medicine and Cardiac Catheterization

Effective July 1, 2021, ordering providers will be required to obtain authorizations for the following procedures, except services rendered in an emergency or inpatient setting:

- > **Cardiac Devices:** Pacemakers, Defibrillators, Cardiac Resynchronization Therapy - Pacemaker (CRT-P), Cardiac Resynchronization Therapy – Defibrillator (CRT-D), Subcutaneous Implantable Cardioverter-Defibrillator (SICD)
- > **Cardiac Interventions:** Percutaneous Coronary Intervention (PCI)



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*NOTE: A complete list of procedure codes requiring authorization can be found at <http://www.healthhelp.com/mohealthnet>.*

### **How will authorization requests be submitted between now and July 1, 2021, when the HealthHelp process goes live with the new Cardiology codes?**

All Cardiac Device and/or Cardiac Intervention authorization requests submitted between now and July 1, 2021 should be requested through the existing authorization process. All authorization requests submitted on or after July 1, 2021 should be presented through the new HealthHelp process.

If a Cardiac Device or Cardiac Intervention authorization was obtained prior to July 1, 2021, a replacement authorization for the same service or procedure will not be required. Additionally, if an authorization was not required for service prior to July 1, 2021 and treatment related to that service (e.g. Cardiac Pacemaker) was initiated prior to July 1, 2021, an authorization will NOT be required. An authorization will only be required for designated services initiated on or after July 1, 2021.

If a provider is concerned about whether authorizations submitted to the current vendor within days of the transition date (e.g. on June 30, 2021) will be reviewed and approved before transition to HealthHelp, the provider can wait until July 1, 2021 and submit requests through the HealthHelp process at that time.

### **Is an authorization required for all identified tests and procedures?**

Yes, an authorization is required to ensure successful processing of your claims payment. All NEW tests and procedures identified above will require authorizations through the HealthHelp process beginning July 1, 2021. All existing tests and procedures need to continue utilizing HealthHelp at this time.

### **What if I do not know whether the member will need a Percutaneous Coronary Intervention (PCI) at the time I am requesting an authorization for Cardiac Catheterization?**

At this time MO HealthNet allows for retroactive authorization requests up to 365 days after initial date of service.

### **What if I already use HealthHelp to request authorizations for another health plan?**

If you need access or log in assistance to CyberAccess, you may contact Conduent's CyberAccess via E-mail at: [CyberAccessHelpdesk@conduent.com](mailto:CyberAccessHelpdesk@conduent.com) or call toll free: 888-581-9797, Monday Through Friday 8:00 AM – 5:00PM CST.

If you already have online access to the HealthHelp system through another health plan, please contact HealthHelp's program support to request that MO HealthNet be added to your existing access and provide your current User ID ([RCSupport@HealthHelp.com](mailto:RCSupport@HealthHelp.com) or call 1-800- 546-7092). Also, if you submit requests on behalf of MO HealthNet ordering providers, you will need to provide the full name and NPI number of all MO HealthNet providers that you will be placing requests for.

### **How can providers submit an authorization request for the new Cardiology services?**

Similar to the process for the current Radiology and Cardiology requests, ordering physicians can request an authorization for the new Cardiology services using one of the following three methods:

- > Internet/web: [cyberaccessonline.net/CyberAccess/login.aspx](http://cyberaccessonline.net/CyberAccess/login.aspx)
- > Fax: 1-888-285-9845
- > Phone: 1-800-392-8030, option 5

HealthHelp representatives are available from 8:00 AM to 6:00 PM Eastern Time, Monday through Friday. The website is available 7 days a week, 24 hours a day.

### **What information is needed to initiate an authorization request for Cardiology services?**

The following information is required for all authorization requests and should be available in the patient's chart:

- |                                               |                                                                     |
|-----------------------------------------------|---------------------------------------------------------------------|
| > Member name and ID number                   | > Member symptoms and duration                                      |
| > Ordering provider name                      | > Prior related diagnostic tests                                    |
| > Ordering provider telephone and fax numbers | > Laboratory studies/findings from prior related laboratory studies |
| > Member diagnosis or clinical indication     | > Member medications and duration                                   |
| > Procedure being ordered (CPT code)          | > Prior treatments                                                  |
| > Reason for procedure                        | > Summary of clinical findings                                      |
|                                               | > Member risk factors                                               |

### **How long does the authorization approval process take?**

Assuming appropriate criteria has been met and the necessary information (as outlined previously) is provided, authorization requests can be completed in minutes. If the authorization request is submitted via phone or fax, HealthHelp will submit a confirmation fax to the fax number collected during the request process. If the request for an 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, an 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 an authorization has already been obtained for a member?**

Yes. When you are logged into CyberAccess and are on the HealthHelp webpage, (a) place your cursor on the HealthHelp tab on the top right corner of the page, then (b) click the "web status" drop down box. At the top of this web page, a provider may search for a request by entering the participant's name, date of birth and/or participant ID number. Overall, for best search results, please make sure the spelling of any name is accurate, the participant ID number is correct, and the date range is consistent with the participant's treatment. You may also check the status of an authorization by calling the Helpdesk at 1-800-392-8030, option 5.

### **How can my staff get additional training or support?**

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

### **How can providers get information on clinical criteria used by HealthHelp?**

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

HealthHelp's programs use proprietary evidence-based 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. Clinical guidelines can be found <https://www.healthhelp.com/resources/>.

2) Are these Interqual criteria?

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

3) How are HealthHelp's clinical criteria developed?

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

4) Can I get a copy of HealthHelp's clinical criteria and are the criteria current?

Criteria can be accessed on

- HealthHelp's website at <https://www.healthhelp.com/resources/>
- MO HealthNet's provider landing page [www.healthhelp.com/mohealthnet](http://www.healthhelp.com/mohealthnet)
- HealthHelp's Clinical Guidelines Department at 1-877-685-5264.

All existing criteria are reviewed at least annually.

5) Can I suggest a change to your criteria?

Yes. HealthHelp welcomes your suggestions and will respond to your suggestion within 60 days. Please submit any suggestions with supporting peer-reviewed literature. The package will be reviewed for appropriateness and submitted to the clinical program physician advisory committee for acceptance.

### **What if I want to speak to a HealthHelp Consult Physician Reviewer or Medical Director?**

If you would like to speak with a Physician Reviewer or a Specialty Program Medical Director, you can do so by calling HealthHelp's Utilization Management (UM) Team at 1-877-883-5690, ext. 3220. A UM Nurse will assist with coordinating the call.

Disclaimer: UM decisions are made only on appropriateness of care, services and existence of coverage as determined by the health plan. Financial incentives are not based on utilization decisions.



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

**HealthHelp Program Support**

[rcsupport@healthhelp.com](mailto:rcsupport@healthhelp.com)

Phone: 1-800-546-7092