

HealthHelp Frequently Asked Questions

How can I contact HealthHelp?

Feel free to contact HealthHelp using any of the following methods:

- > Web: www.healthhelp.com/uofmhealthmedicare
- > Phone: (800) 652-4958
- > Expedited Fax: (855) 546-7092

What are HealthHelp's hours of operation?

The WebConsult site, which is an online platform where you can initiate a new authorization request and/or check the status of an existing authorization, is available 24 hours a day, 7 days a week. If you are interested in signing up for our WebConsult option, please visit www.healthhelp.com/uofmhealthmedicare and click "enroll" to create an account.

Our operating hours are Monday - Friday from 7 a.m. to 7 p.m. Central Time and Saturday from 7 a.m. to 4 p.m. Central Time.

Who requires an authorization and how does HealthHelp know if they are eligible?

Authorizations are required for Medicare members.

HealthHelp receives weekly eligibility files from the Health Plan. 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.

Visit our website for more information at

www.healthhelp.com/uofmhealthmedicare



What procedures requires authorization through HealthHelp?

HealthHelp manages authorizations for Diagnostic Imaging, Radiation Therapy, Sleep Studies, and Medical Oncology procedures/treatments. For our most up to date list of managed CPT codes, please visit www.healthhelp.com/uofmhealthmedicare.

What information is needed when submitting an authorization request?

The following information is necessary to complete the authorization process:

- > Member ID, Name, and Date of Birth
- > Diagnosis Code (ICD-10)
- > Name and NPI of the ordering physician
- > Ordered procedure/treatment, (CPT code)
- > Reason for the procedure/treatment
- > Rendering Facility (Tax ID/NPI of the facility)

The authorization process will also go through a series of clinical questions at which point it is important to have access to the patient's chart and recent office visit notes. Some questions may ask about the duration of the patient's symptoms, prior imaging studies, laboratory studies, medications, and prior treatments.

If you do not have the ICD-10 or CPT code, Webconsult online does provide this information. However, for a more expedited and efficient process, it is best to have this information prepared in advance of initiating an authorization.

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How does the authorization request process work?

The ordering physician's office will contact HealthHelp, typically via WebConsult or by phone, prior to scheduling the procedure/treatment to be performed. HealthHelp will collect all relevant clinical information and review it alongside evidence-based guidelines.

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 University of Michigan Health Plan tracking number, is then faxed to the ordering provider's office.

How is the authorization entered into the University of Michigan Health Plan's system?

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

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Can I check to see if an authorization has already been obtained for a member?

Yes. There are multiple ways to check for an existing authorization. The first and most efficient way is to sign into the HealthHelp website and 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. If you do not have access to HealthHelp’s website, please visit www.healthhelp.com/uofmhealthmedicare and click “enroll” to obtain access to our web status option.

You can also check the status of a prior authorization by calling HealthHelp’s inbound call center at (800) 652-4958.

Does the authorization number have an expiration date?

Yes. For Radiation Therapy and Sleep Studies, authorizations are valid for 90 days from the date of the authorization. For Diagnostic Imaging, authorizations are valid for 30 days from the date of authorization, and for Medical Oncology, authorizations are valid for 180 days from the date of authorization.

Are retroactive procedure/treatment requests reviewed for authorization?

Yes. Retroactive authorizations can be obtained within 30 days from the date of service. However, to provide the best care to the patient, it is important to obtain an authorization prior to the services being performed.

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Does HealthHelp 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. For Medical Oncology requests that do not meet clinical guidelines, HealthHelp will make every effort to obtain all relevant clinical information and discuss options with the ordering physician before making any adverse determination.

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

If you would like to speak with a Physician Reviewer regarding an authorization request that is pending for review, please allow our physician enough time to contact you. HealthHelp's physicians are practicing doctors and will make outreach within a timely manner to the ordering physician's office using the phone number provided when the authorization was initiated.

If you would like to speak with a Physician Reviewer or the Medical Director for any other reason, you can do so by calling HealthHelp's inbound call center at (800) 652-4958.

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How do I request a Peer-to-Peer after an adverse determination?

If a provider is seeking a post-denial peer-to-peer request, they can access the Provider Peer-to-Peer Request Form on the landing page at:

www.healthhelp.com/uofmhealthmedicare. Please be sure to fill out the request form completely and include any additional clinical information to support medical appropriateness. Once complete, please fax the Peer-to-Peer request form to the fax number noted at the top of the form. Please be sure to list the date(s), time(s), and time zone for your request to ensure a HealthHelp physician is able to connect. Please note that this review will not change or overturn a Medicare denial decision.

What are the clinical criteria used for HealthHelp's programs?

HealthHelp's programs use proprietary clinical guidelines which are 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 HealthHelp's 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.

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Can I get a copy of HealthHelp's criteria?

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

After accessing the website, you can perform a search for a specific guideline by using a keyword, service type, or procedure code.

Are the criteria current?

Yes. All existing criteria are reviewed at least annually.

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