

Clover

Introducing HealthHelp Pre-Authorization Process

General

At Clover, we're dedicated to ensuring that our members receive the care they need in the most appropriate and least restrictive setting. To help facilitate an improved authorization program for cardiology, medical oncology, radiation oncology, musculoskeletal, radiology, and sleep services we will be partnering with HealthHelp beginning July 2, 2018.

FAQ

What is HealthHelp?

- HealthHelp is a leader in speciality benefit management. Their staff of expert clinicians are committed to improving health care, patient safety, utilization, and cost by using the latest evidence-based medical criteria. HealthHelp can improve quality and reduces the cost of care by providing expert, peer-to-peer consultation.

What is the benefit of HealthHelp?

- Through the Clover-HealthHelp partnership, you will have access to decision-support from academically affiliated subspecialists to help determine appropriateness and medical necessity of services.
- 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, Cardiologist, or other Specialist will have a provider-to-provider conversation with the requesting physician to consider alternatives.

Which tests and procedures require a prior authorization within each specialty?

- Beginning July 2, 2018, ordering practitioners will be required to obtain authorization for the following procedures, except services rendered in an emergency or inpatient setting:
 - Cardiology: Cardiac catheterization, cardiac implantable devices and wearable cardiac devices (e.g. LifeVest), Cardiac Nuclear Medicine
 - Musculoskeletal/Orthopedics: Arthroplasty, Arthroscopy, Open Joint Surgery, Arthrodesis, Laminotomy, Laminectomy, Corpectomy, Foraminotomy, Discectomy, Kyphoplasty and vertebroplasty
 - Medical Oncology: Chemotherapy, hormone therapy, biologics, supportive care medications
 - Radiation Oncology: 2D3D, Brachytherapy, Stereotactic , Proton Beam, IMRT, IGRT
 - Radiology: CT, CTA, MRI, MRA , PET
 - Sleep: In-lab polysomnography
 - NOTE: A complete list of procedure codes requiring authorization can be found at cloverhealth.com/pre-auth.

How should authorization requests be submitted between now and July 2, 2018?

- Requests submitted before July 2, 2018 that meet 2018 prior authorization requirements should be requested through the existing authorization process (see: cloverhealth.com/pre-auth). Requests submitted on or after July 2, 2018 for any services listed above should be made through the new HealthHelp process.
- If an authorization was obtained before July 2, 2018, a replacement authorization for the same service or procedure will not be required. Additionally, if a prior authorization was not required for service before July 2, 2018 and treatment related to that service (e.g. chemotherapy regimen) started before July 2, 2018, an authorization will NOT be required. Prior authorization through HealthHelp will only be required for designated services initiated on or after July 2, 2018.
- If you are concerned about whether authorizations submitted to Clover close to the transition date (e.g. on July 1, 2018) will be reviewed and approved before transition to HealthHelp, you can wait until July 2, 2018 and submit requests through HealthHelp.

Is an authorization 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 HealthHelp beginning on July 2, 2018.

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

- New users are required to request access to HealthHelp's online authorization request system at www.healthhelp.com/cloverhealth. New online accounts are typically created within 24 business hours.

If you already have online access to HealthHelp through another health plan, contact HealthHelp's program support at RCSupport@HealthHelp.com or call (800) 546-7092 to request that Clover be added to your existing account. Keep in mind, if you submit requests on behalf of ordering providers, you need to provide their full names.

- You may create your HealthHelp account before July 2, 2018. However, authorization requests for Clover Health will not be accepted through HealthHelp until July 2, 2018.

How can providers request a prior authorization number for radiology, cardiology, medical oncology and radiation oncology services?

- Ordering physicians can request an authorization for radiology, medical oncology, radiation oncology, and/or cardiology services by:
 - Internet/web: www.healthhelp.com/cloverhealth, or
 - Fax: 1-888-717-9660 (request forms can be obtained at the above website), or
 - Phone: 1-888-285-0607
- HealthHelp representatives are available from 8:00 am-8:00 pm EST, Monday - Friday. Their website is available 7 days a week, 24 hours a day.

How long does the authorization approval process take?

- Assuming appropriate criteria has been met and all required information is provided, prior authorization requests can be completed in minutes. If the prior authorization request is submitted by phone or fax, HealthHelp will respond with a confirmation fax to the number collected during the request process. If the request for a prior authorization is submitted online, the provider office may print the confirmation sheet immediately from within the online tool.
- If procedure needs 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 by 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.

What information is required to initiate a prior authorization request for radiology, cardiology, medical oncology, and radiation oncology services?

The following information is required for all authorization 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 related diagnostic tests
- Laboratory studies
- Member medications and duration
- Prior treatments
- Summary of clinical findings
- Member risk factors (primarily applies to imaging requests related to cancer indications including screening)

- For medical oncology, radiation oncology, or cardiology, 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.)

Cardiology

- CPT code or cardiac device procedure being requested
- High or Low-Risk indication, pretest probability (low, intermediate, or high), and supporting clinical information

I have not been required to submit prior authorization requests previously for the listed HealthHelp-managed procedures. How will this new requirement affect me?

- Beginning July 2, 2018, you will be required to submit authorization requests for all procedures listed above. The HealthHelp process for evaluating authorization requests involves collecting relevant clinical information from the ordering/ treating physician's office, reviewing this information alongside current evidencebased guidelines, and if necessary, providing peer-to-peer consultations with boardcertified specialists with expertise in specific areas the specific areas of 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.

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.

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

- Yes. When you are logged in to HealthHelp, click the "web status" link at the top of the page. You can search for a request using the member's name, date of birth, and/ or member number. For the most accurate results, 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 1-888-285-0607.

How can my staff get additional training or support?

- HealthHelp provides training throughout the course of their relationship with Clover Health. They work closely with provider networks to train providers and office staff on the procedures used for acquiring proper prior authorizations. To request more information on this program or request additional training, please see the *HealthHelp Consult Webinar Schedule - coming soon*.