

Frequently Asked Questions

Prior Authorization Process Radiology, Medical Oncology, Radiation Oncology, Sleep, Cardiology and Musculoskeletal



Who is HealthHelp? HealthHelp is a specialty benefit management company that has partnered with Clover to administer a new consultative authorization program for radiology, medical oncology, radiation oncology, sleep, cardiology and musculoskeletal [The Programs] services.

What is HealthHelp's Program for Clover? 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, Cardiologist, or other Specialist will have a provider-to-provider conversation with the requesting physician to consider alternatives.

What are the tests and procedures that would require a prior authorization within each specialty? Effective July 2, 2018 ordering practitioners will be required to obtain authorization for the following procedures except services rendered in an emergency or inpatient setting:

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|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| > 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 |
| > Cardiology: | Cardiac catheterization, cardiac implantable devices and wearable cardiac devices (e.g. Life Vest) |
| > Musculoskeletal: | Arthroplasty, Arthroscopy, Open Joint Surgery, Arthrodesis, Laminotomy, Laminectomy, Corpectomy, Foraminotomy, Discectomy, Kyphoplasty and vertebroplasty. |

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

How will requests be submitted between now and July 2, 2018, when the HealthHelp process goes live? All authorization requests, meeting 2018 prior authorization criteria, submitted between now and July 2, 2018 should be requested through the existing authorization process. All authorization requests submitted on or after July 2, 2018 should be presented through the new HealthHelp process.

If an authorization was obtained prior to 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 prior to July 2, 2018 and treatment related to that service (e.g. chemotherapy regimen) was initiated prior to July 2, 2018, an authorization will NOT be required. A prior authorization will only be required for designated services initiated on or after July 2, 2018.

If a provider is concerned about whether authorizations submitted to the current vendor within days of the transition date (e.g. on July 2, 2018) will be reviewed and approved before July 2, 2018 transition to HealthHelp. The provider can wait until July 2, 2018 and submit requests through the HealthHelp process at that time.

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 July 2, 2018.

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/cloverhealth. 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 Clover be added to your existing access and provide your current User ID (RCSupport@HealthHelp.com or call (800) 546-7092). Also, if you submit requests on behalf of Clover ordering providers, you will need to provide the full name of all Clover providers that you will be placing requests for.

Note: Though your HealthHelp online user account may be created prior to July 2, 2018 authorization requests will not be accepted through the HealthHelp process 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 using one of the following three methods:

- > Internet/web: www.healthhelp.com/cloverhealth
- > Fax: 1-888-265-0013 (request forms can be obtained at the above website)
- > Phone: 1-888-285-0607

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

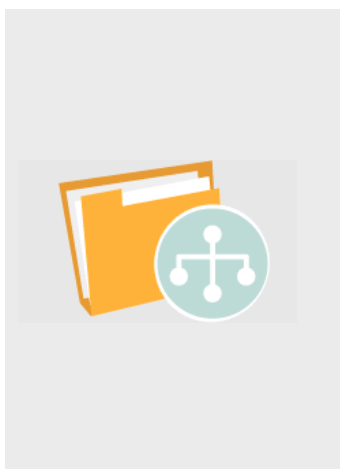
NOTE: The most efficient method for obtaining a quality review tracking number is through the web. Please contact HealthHelp program support at 800-546-7092 if you need assistance with setting up web access.

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/CloverHealth. New online accounts are typically created within 24 business hours from receipt of the complete enrollment form. HealthHelp representatives are available from 7 AM to 10 PM CT, Monday–Friday. After-hours requests may be submitted by fax or web portal.

Note: Though your HealthHelp online user account may be created prior to July 2, 2018, prior authorization requests will not be accepted through the HealthHelp process until July 2, 2018.

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

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

Musculoskeletal

- > Body Site (Spine, Hip, Knee or Shoulder)
- > CPT procedure code being requested
- > Physical, neurological symptoms
- > Physical exam findings
- > Prior surgical intervention
- > Supporting clinical information on imaging, physical therapy, medication

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 both the Advanced Radiology and Cardiology Services fax request form and the Radiation Therapy and Medical Oncology Services fax request form? Certain medical procedures, such as cardiac catheterizations 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 cardiac procedures. How will this new requirement affect me? Effective July 2, 2018 providers treating Clover members are now required to submit authorization requests for the following cardiology procedures, in addition to any appropriate imaging requests: Cardiac Nuclear Medicine, cardiac catheterization, cardiac implantable devices and wearable cardiac devices (e.g. Life Vest). 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 cardiologists.

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 July 2, 2018, providers treating Clover 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.

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 1-888-285-0607.

How can my staff get additional training or support?

HealthHelp provides training throughout the course of our business relationship with Clover. 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/CloverHealth



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

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