

# Frequently Asked Questions

## Quality Review Process Medical Oncology & Radiation Therapy



**What is HealthHelp?** HealthHelp is a specialty benefit management company that has partnered with WellCare to administer a new quality review program for medical oncology and radiation therapy.

**What is HealthHelp's Program for WellCare?** HealthHelp provides a quality review program that improves care quality and increases the efficiency of health care expenditures by providing expert peer-to-peer consultation and recommending the latest evidence-based medical criteria for reviewing medical oncology and radiation therapy procedures. The HealthHelp quality review process involves collecting relevant clinical information from the ordering/treating physician's office and reviewing this information alongside current evidence-based guidelines. If the requested service does not meet evidence-based guidelines, a HealthHelp oncologist or other specialist will initiate a provider-to-provider consultation with the requesting physician to discuss the appropriateness of the treatment/test requested, patient safety, and possible alternatives.

**What are the tests and procedures that would require a quality review within each specialty?** WellCare will require ordering practitioners to submit requests for the following procedures to HealthHelp:

- > **Medical Oncology:** chemotherapy, hormone therapy, biologics, growth factor support, antiemetics
- > **Radiation Oncology:** 2D3D, brachytherapy, stereotactic, proton beam, neutron beam, IMRT

*NOTE: A complete list of procedure codes requiring a quality review tracking number can be found at <https://portal.healthhelp.com/WellCare>*

**Is quality review required for all identified tests and procedures?** Yes, a quality review is required for all tests and procedures identified above to ensure successful processing of your claims payment. However, if a provider has an open/active authorization, they do NOT need to call HealthHelp unless there is a change in plan of care or there is a need for authorization date extension.

**How is review criteria developed?** HealthHelp's clinical review criteria are developed and evaluated by a panel of physicians, who are experts in their specialty and utilize evidence-based guidelines, including existing guidelines from professional medical associations, current medical literature and regionally accepted practice protocols for particular diagnosis codes and procedures. These criteria are based on the evidence available at the time of publishing and may be revised as more recent evidence becomes available.

**How can providers request a review for medical oncology and radiation therapy services?** Ordering physicians may request a quality review tracking number for medical oncology and radiation therapy services using one of the following three methods:

- > **Web:** <https://portal.healthhelp.com/WellCare>
- > **Phone:** 1-888-210-3736, Monday–Friday from 7 a.m. to 10 p.m. Central Time
- > **Fax:** 1-888-210-3769 (form can be obtained at the above website)

**NOTE: The most efficient method for obtaining a quality review tracking number is through the web.** Please contact HealthHelp program support at **1-800-546-7092** 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 review request system must be submitted through the enrollment form posted to <https://portal.healthhelp.com/WellCare>. New online accounts are typically created within 24 business hours from receipt of the complete enrollment form. HealthHelp representatives are available Monday–Friday from 7 a.m. to 10 p.m. Central Time. After-hours requests may be submitted by web portal or fax.

**What if I already use HealthHelp to request quality review 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](mailto:RCSupport@HealthHelp.com) or call **1-800-546-7092**) to request WellCare to be added to your existing access. You will need to provide your current User ID. Also, if you submit requests on behalf of WellCare ordering providers, you will need to provide the full name of each WellCare provider for which you will place requests.

**What about urgent cases?** For a medically necessary request that requires immediate handling due to an unforeseen illness, injury, or condition that could affect the patient's condition, please call **1-888-210-3736**. If you choose to fax your urgent request, please ensure legible contact information is included for the ordering physician/designee stating how he or she may be reached within the next 24 hours in case additional clinical information is needed to complete the review.

All urgent requests will be handled within the mandated state-specific or federal program expedited time frames, as appropriate. HealthHelp strives to complete all expedited requests for review within 24 hours of receipt unless a more stringent time frame is mandated by specific state regulations.

**What information is needed to initiate a quality review request for medical oncology and radiation therapy services?** The following information is required for all quality review requests and should be available in the patient's chart:



- > Member name and ID
- > Ordering physician name
- > Ordering physician telephone and fax numbers
- > Member diagnosis or clinical indication
- > Treatment requested (CPT/HCPCS Code)
- > Member symptoms and duration
- > Cancer stage and performance status
- > Member medications and duration
- > Prior treatments & surgical interventions
- > Summary of clinical findings
- > Member risk factors

*(primarily applies to imaging requests related to cancer screening indications)*

**I am a provider who has not been required to submit quality review requests previously for medical oncology procedures. How will this new requirement affect me?** Providers treating WellCare members are now required to submit quality review requests for medical oncology and radiation therapy procedures. As with all other identified services, the HealthHelp quality review 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 peer-to-peer consultations with board-certified medical oncologists with expertise in specific areas of cancer treatment.

**When should an ordering provider initiate a review request for medical oncology and radiation oncology services?** The ordering provider should request a review for cancer care services prior to beginning any treatments. Requests should be initiated once the consult and simulation have occurred and an appropriate treatment plan has been determined.

**What happens if the medical oncology or the radiation therapy 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 quality review tracking 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 can discuss the special needs of the patient with a physician who specializes in that clinical condition.

**How long does the quality review process take?** Assuming appropriate criteria have been met and the necessary information (as outlined previously) is provided, requests can be completed in minutes.

- > If the quality review 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 is submitted online, the provider's office may immediately print the confirmation sheet within the online tool.



Should a procedure need clinical or peer review, the review determination time frame will be extended as necessary but will remain within the time frame as mandated by WellCare or state or federal regulation. Requests submitted online that do not initially meet criteria will indicate that a referral to clinical review has been made and the option to either phone HealthHelp or wait to be contacted by the clinical staff will be provided.

**Can I check to see if a quality review tracking number 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 service date range is consistent with the member's treatment. You may also check the status of request by calling HealthHelp's inbound contact center at **1-888-210-3736**.

**Can HealthHelp receive phone calls from the hearing impaired (TTY)?** Yes. TTY phone line is staffed and available to receive phone calls from the hearing impaired during normal hours of operation. The TTY Toll-Free number is accessible to members and providers at: **TTY Toll Free Number: 877-512-6796**.

**How can my staff get additional training or support?** HealthHelp provides training throughout the course of our business relationship with WellCare. We work closely with the provider network to train providers and office staff on the quality review process.

**Learn more by viewing our online tutorial!**

- > Our quick overview takes only a few minutes and will introduce you to the authorization request process.
- > Click on the tutorial link at <https://portal.healthhelp.com/wellcare>



For more information on this program or additional training, please contact the following:

Program Support  
[RCSupport@HealthHelp.com](mailto:RCSupport@HealthHelp.com)  
800-546-7092