

Administrative Simplification
Operational Guidelines

Simplification Area: Prospective Review

Topic: Requesting a Prospective Medical-Clinical Review

Objective: Have all health plans accept a standard form and, for each health plan, clearly identify where & how that form should be sent.

Synopsis:

All participating health plans will accept the Standard Request Form for Prospective Medical-Clinical Review. Health plans will post submitting locations on the Forum's web site in the Contact Directory.

Background

Upon request from hospitals and medical practice staff, health plans will perform a prospective medical-clinical review. The purpose of this review is to assess a patient's need for clinical services in light of the health plan's medical policies for those services. This request is typically made by the practitioner or the facility that will be performing the service(s). (Note – the Prospective Medical-Clinical Review process is different than the Referral process where a PCP is referring a patient to a specialist).

To request a review, providers have to fill out different forms for the different health plans. The number of different forms, and the differing information requirements on each one, add to the complexity of the process.

Providers have requested

- a standard form that will be accepted by all health plans,
- clearly defined submitting instructions

Policy Statement:

Health plans participating in the Administrative Simplification process have agreed to

- accept the Standard Request Form for Prospective Medical-Clinical Review that is posted at www.wahealthcareforum.org/adminsimp/Referral_Review/Docs/RequestReview-Form_rev2-0_form.pdf.
- identify and keep current their locations for submitting the requests. These locations are posted in the Forum's Contact Directory at www.wahealthcareforum.org/healthplaninfo/contact/index.htm
- identify and keep current their instruction for submitting the form (see below)

Instructions for Submitting ‘Prospective Medical-Clinical Review Request’ to the Health Plan

Health Plan / Product	Type of Number Returned by Health Plan -- (None, Reference, Authorization)	Can this form be used to submit Subsequent Requests, (e.g. Appeals)? (Yes, No)	Other Comments or Instructions
First Choice Health Administrators	Authorization Number	No	
Group Health	Reference Number	No	Group Health Options PPO Plan only
KPS	Authorization Number	No	
Molina Medical/Surgical & Behavioral Health	Authorization Number	No	
Premera Blue Cross Western WA & Eastern WA	Reference Number	No	
Regence BlueShield & Boeing Services	Reference Number	Yes	If this form is being used to appeal a previous prior authorization denial, please circle the word “appeal.”
Uniform Medical Plan	None – UMP will call submitting practitioner	Yes	