

Website(s) Used for Procedures and Provider Administered Medications

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Checking Eligibility and Benefits	<u>Steps</u> Verify either using <ul style="list-style-type: none"> • electronic batch eligibility, or • website 	Identify services that are benefit exclusions for the patient	Met	Excluded benefits are listed under detailed benefit information.
Determining whether Pre-Auth or Medical Necessity Review is required	<u>Steps</u> Use the pre-auth list http://www.uhccommunityplan.com/health-professionals/wa.html	Provide up-to-date navigation information on the One-Stop-Shop page		
		Look-up/Search <ul style="list-style-type: none"> • for the care service by CPT code, keyword or functional category. • for the medication by J-code (for Meds that have a J code) and Brand Name and Generic Name 	Met	A pre-auth list is provided. See Process #1 comment.
		Information is specific to a product/group or plan, i.e. not a generic list.	Met	The list is for all patients covered by UHC-CP
		<ul style="list-style-type: none"> • Identify whether any entered service requires a pre-authorization. This includes Unlisted Procedures. • Explicitly indicate that a service does not require a pre-authorization, e.g. no pre-auth required unless specifically indicated on this list. 		Some but not all Unlisted Procedures can be found. This creates confusion as it is unclear whether the Unlisted Procedures that can't be found require a pre-authorization. All J-codes are not on the list, e.g. Remicade, Creates confusion about whether it is a covered benefit and if a pre-auth is required. See Process #1 comment.

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		Identify whether any entered service requires a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.	N.A.	All services that are reviewed for medical necessity require a pre-auth.
		Identify any professional restrictions related to delivering the service, e.g. type of provider, site of care, etc.		<p>Site of service restrictions are not clearly stated on the pre-auth list.</p> <p>For some services, e.g. J1566, a site of care authorization is required but this is not indicated on the pre-auth list.</p> <p>For some services, e.g. 42820, the service itself doesn't need a pre-auth, but a site of care authorization is required.</p> <p>See website #7b comment</p>
		Identify whether Medication needs to be obtained from a Specialty Pharmacy. If so, get the contact information of the specialty pharmacy	NA	SCH buys and bills all of their medications for UHC-CP patients
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures		Supporting documentation requirements are not identified on the site.
		Identify clinical criteria	Met	Medical Policies are difficult to find unless you are an experienced user. (They are

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				under Tools and Resources rather than Clinician Resources) See website#10 comment
Submitting Review Request	<p><u>Steps –</u></p> <p>Many providers don't initiate the submission process unless clinical documentation is complete and available to administrative staff. Otherwise there is a risk of denial if the clinicals can't be faxed in two days.</p> <ol style="list-style-type: none"> 1. Use 'Notification/Prior Authorization Submission' entries in 'Notifications/Prior Authorizations' drop down 2. Enter required information into UHC site <p>In cases of clinical questions, try to select the best answer based upon the information contained in the clinic notes.</p> <p>For infusions, a pop-up may appear asking for additional information.</p> <ol style="list-style-type: none"> 3. If auto-approved, enter the auth number and date of service ranges 	Identify whether approval of this service is dependent upon previously trying other services, i.e. "tried and failed".		
		Provide an online form/web page for requesting pre-service review	Met	
		On form/web page - Allow specification of the "urgency" of the request	Met	On the submit form, click Expedited Review in the Review Priority section
		Identify the time frame under which the request will be reviewed, somewhere in the process		
		On form/web page - Allow specification of ALL the services/medication/administration to be reviewed	Met	
		On form/web page - Include questions about any relevant professional restrictions (as applicable)		There are situations when a site of care restriction applies, but these situations are not addressed on the request form.
If form/web page asks for clinical information, either offer check list selection of appropriate clinical information or allow provider to submit ALL clinical information relevant to the specific request for services, and not restrict provider	Met	The website provides a very long list of answers in a very small font from which to choose. Sometimes there are pop-up questions requesting even more/different information.		

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	into the EHR, and/or take a screen shot of the authorization information.	from sending this relevant information		See website #8f comment.
	<p>4. If not auto-approved, put the case number into the EHR.</p> <p>Upload or fax supporting documentation. (However may still get a call from UHC reviewing nurse asking for clinicals)</p> <p><i>To upload:</i> Click the Prior Authorization and Notification tile that lead to a Welcome screen, click the "start here", enter the tax id and MD info, then enter the reference #, go down to "result" select the link to attach clinicals.</p>	Allow for submission of form electronically or faxed with supporting documentation	Met	<p>Can cut and paste into the clinical notes section of the form.</p> <p>However, UHC doesn't seem to review these notes as the review nurse asks for the same information that was provided in the notes</p> <p>Also clinical documentation can be electronically uploaded.</p> <p>See website #8g-h comment.</p>
	For infusions – a form may need to be completed within 48 hours (once it is faxed from UHC)	Provide acknowledgement of receipt of the review request	Met	Either and authorization number (if auto-approved) or a case number
		Able to print the completed request form and/or review online the information submitted on the request.	Met	
		Perform review for ALL submitted services that are valid per the BPR, not just those requiring a pre-authorization -- including Unlisted Procedures, except for those listed on health plan website.	Met	
		Perform review without a provider signature on the request	Met	
		On web page, identify how changes are to be made to previous requests		

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		and how providers will be notified of these decisions		
Checking Status of Request	<p><u>Steps</u></p> <p>Use 'Notification/Prior Authorization Statue' entries in 'Notifications/ Prior Authorizations' drop down</p> <p>If pre-auth request was not auto approved, two days after submission check status on website to see if a letter has been posted about the required documentation. If not, call.</p>	<p>Provide status information on website per the BPR</p> <p>Identify any information that is missing.</p>		<p>Reporting Statuses are Approved, Pending, Denied, Cancelled. A letter is sometimes included that indicates what additional information is needed.</p> <p>Pending, Cancelled, and denied statuses do not always have a letter attached, in which case there is no information about whether action is required of the provider and/or what documentation is required</p>
		<p>Allow access to status information by the provider/organization that requested the services, the provider/organization that is doing the services and, as appropriate, the facility/organization where the services are to be done</p>	Met	