

Web Site used only for Advanced Imaging Services

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
<p>Checking Eligibility and Benefits</p>	<p>Eligibility is checked either through an electronic connection with the provider's system or via the Coordinated Care web site – using the Quick Eligibility Check Link.</p> <p>Select the plan, Ambetter or Medicaid, and then check eligibility</p> <p>Some providers double check on ProviderOne site because of past discrepancies between Coordinated Care information and HCA information</p>	<p>Identify services that are benefit exclusions for the patient</p>	<p>Met</p>	<p>For Ambetter – benefits are listed. For Medicaid, the HCA site must be reviewed in order to find benefits</p> <p>The site will indicate if premium payments are delinquent, which is useful information for the provider.</p>
<p>Determining whether Pre-Auth or Medical Necessity Review is required</p>	<p>Use the Pre-Auth Check link to see if a service requires pre-authorization</p> <p>Use the Provider Resources tab and the Clinical& Payment Policies link to see clinical criteria</p>	<p>Provide up-to-date navigation information on One-Stop-Shop page</p> <p>Look up/Search for the care service by code, keyword or functional category</p> <p>Information is specific to a product/group or plan, i.e. not a generic list.</p> <ul style="list-style-type: none"> Identify whether any entered service require a pre-authorization. This includes Unlisted Procedures. 	<p>Met</p> <p>Met</p>	<p>Pre-auth requirements are specific to a plan. However, the site does not reflect limitations for Medicaid patients.</p> <p>For some patients, when the question 'Is the member being admitted to an inpatient facility?' is answered 'yes',</p>

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		<ul style="list-style-type: none"> Explicitly indicate if a service does not require a pre-authorization, e.g. no pre-auth required unless specifically indicated on this list. 	Met	<p>the site indicates that the service requires a pre-auth. But customer service says that a pre-auth is not required. This creates extra work.</p> <p>For inpatients, the site indicates that a pre-auth is required when only an admit notification is required.</p>
		Identify whether any entered service require a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.	???	Provider doesn’t know which, if any, service(s) does not require a pre-auth but does require a medical necessity review.
		Identify any professional restrictions related to delivering the service, e.g. type of provider, site of care, etc.	N.A.	
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures		This information is not on the web site.
		Identify clinical criteria or vendor information whose criteria is used	Met	These are difficult to find and they are all adult-based – not pediatric.
		Identify whether approval of this service is dependent upon previously trying other services, i.e. “tried and failed”.		This information may be contained in the clinical criteria but is not identified on the web site.
		Obtaining a Pre-Authorization	Use the NIA web site	Provide an online form/web page for requesting pre-service review
On form/web page - Allow specification of the “urgency” of the request				
Identify the timeframe under which the request will be reviewed, somewhere in the process.				
On form/web page - Allow specification of	Met			Whrn diagnosis is entered, the

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		ALL the services to be reviewed		description of the diagnosis is not display. Display would be helpful to confirm the right diagnosis is selected. Multiple services can be entered as long as they are of the same type.
		On form/web page - Include questions about any relevant professional restrictions (as applicable)	N.A.	
		If form/web page asks for clinical information, either offer check list selection of appropriate clinical information or allow providers to submit ALL clinical information relevant to the specific request for services, and not restrict provider from sending this relevant information	Met	
		Allow for submission of form electronically or faxed with supporting documentation	Met	Clinical documentation can be attached or cut and pasted. If clinical documentation is attached, there is no specific confirmation that the uploaded documents were received.
		Provide acknowledgement of receipt of the review request	Met	Sometimes request is auto-approved and sometimes require manual review
		Able to print the completed request form and/or review on-line the information submitted on the request.		Only a subset of the entered information can be viewed.
		Perform review for ALL submitted services that are valid per the BPR, not just those requiring a pre-authorization -- including	???	Provider doesn't know which, if any, service(s) does not require a pre-auth but does require a medical necessity

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		Unlisted Procedures, except for those listed on health plan web site.		review.
		Perform review without a provider signature on the request	Met	
		On web page, identify how changes are to be made to previous requests and how providers will be notified of decisions		
Checking Status of Request	Check status on NIA stie.	Provide status information on web site per the BPR		Information about what documentation is missing in not reported on the site.
	Would like to be able to check status on Coordinated Care site	Identify any information that is missing.		
		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	Met	As long as that person has the reference number – otherwise no.