Web Site Used for Medical Services & Medical-Benefit Medications

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Checking Eligibility and Benefits	Eligibility is checked either though an electronic connection with the provider's system or via the Coordinated Care web site – using the Quick Eligibility Check Link. Select the plan, Ambetter or Medicaid, and then check eligibility Some providers double check on ProviderOne site because of past discrepancies between Coordinated Care information and HCA information	Identify services that are benefit exclusions for the patient	**Met**	For Ambetter – benefits are listed. For Medicaid, the HCA site must be reviewed in order to find benefits The site will indicate if premium payments are delinquent, which is useful information for the provider.
Determining whether Pre-Auth or Medical Necessity Review is required	Some providers use the Pre-Auth Check link to see if a service requires pre-authorization. Others have institutional knowledge about whether or not a pre-auth is required. Non-contracted providers never check the site because all services require a pre-auth. Use the Provider Resources tab and the Clinical& Payment Policies link to see clinical criteria	Provide up-to-date navigation information on One-Stop-Shop page		
		Look up/Search • 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**	
		Information is specific to a product/group or plan, i.e. not a generic list.	**Met**	All patients have the same plan, so information on web site applies to all patients. However, the site does not reflect limitations for Medicaid patients.

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		• Identify whether any entered service require a pre-authorization. This includes Unlisted Procedures. • Explicitly indicate if a service does not require a pre-authorization, e.g. no pre-auth required unless specifically indicated on this list.	**Met**	For some patients, when the question 'Is the member being admitted to an inpatient facility?' is answered 'yes', 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. For inpatients, the site indicates that a pre-auth is required when only an admit notification is required.
		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 whether Medication needs to be obtained from a Specialty Pharmacy. If so, contact information of the specialty pharmacy		'Buy and Bill' or Specialty Pharmacy information is not posted on the web site. Provider assumes everything is 'Buy and Bill'
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures		This information may be contained in the medical policies but is not clearly identified on the web site and services do not link to medical policies.
		Identify clinical criteria	**Met**	
		Identify whether approval of this service is dependent upon previously trying other services, i.e.		This information may be contained in the medical policies but is not clearly identified on the web site and services

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		"tried and failed".		do not link to medical policies.
Submitting Review Request	Some providers typically submit the pre-auth request by fax (see above notes) Other providers use the site and lick on the 'To submit a prior authorization Login Here' Use institutional knowledge of what information to send as supporting documentation. Document, in provider's system, that a pre-auth request was submitted.	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**	
		Identify the timeframe 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**	As part of the submission process, the service must be first identified on a Coordinated Care table. Sometimes it is not obvious which one to pick, e.g. biopharmacy is listed and pharmacy is not – so biopharmacy is selected. Multiple diagnosis and procedures of the same type, e.g. surgeries or infusions, can be entered on the same form.
		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 provider to submit ALL clinical information relevant to the specific request for services, and not restrict provider from sending this relevant information	**N.A.**	

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		Allow for submission of form electronically or faxed with supporting documentation	**Met**	If cut and paste clinical information, there is a limited number of characters. Clinical documentation can be attached though there is a limitation of 5MB which, sometimes, is not enough.
		Provide acknowledgement of receipt of the review request	**Met**	
		Able to print the completed request form and/or review on-line the information submitted on the request.		Can only view a subset of the information entered on the request form. Cannot see any notes and/or attachments that were submitted.
		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 web site.	**???**	A pre-auth request can be submitted for a service that does not require a pre-auth, but providers do not know if they are reviewed for medical necessity.
		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	List of Pre-auths appear for a member Monitor fax machines for 'fax-backs' to determine if/what additional documentation is	Provide status information on web site per the BPR Identify any information that is missing.		There is no specificity about why a pre-auth is pended and the specific missing documentation is not identified. Different screens sometimes have different information – one may say

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	needed.			processed and one may say pended. The status list does not clearly identify the services for which a pre-auth applies. When creating another pre-auth, there is confusion about whether a listed pre-auth applies.
		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		Only the person who submitted the request can see the status. If one tries to create a pre-auth for a service that has already been requested, the system says that something similar has been created but it is not visible.