Web Site Used for All Services

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Checking Eligibility and Benefits	Most providers use Eligibility Inquiry & Referral Status Inquiry in order to determine if • Out-of-network benefits apply • A referral is required, has been submitted by the PCP and approved by GHC. Some providers call to get a benefit investigation for expensive medications	Identify services that are benefit exclusions for the patient		Except for injectable drugs, there is no specific information at patient or plan level about non-covered benefit.
Determining whether Pre-Auth or Medical Necessity Review is required	The site is rarely, if ever, used to determine pre-auth requirements. Pre-authorizations are either submitted or a phone call is made to see if one is required. Using the Pre-Authorization grid is considered risky as the provider may not appropriately match up patient's actual plan with the correct column on the grid.	Provide up-to-date navigation information on One-Stop-Shop page	To-Be Confirmed	
		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**	Care services are found by functional category.
		Information is specific to a product/group or plan, i.e. not a generic list.	**Met**	Information on grid is specific to a product group
		• 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		No information about handling of Unlisted Procedures. Grid explicitly states that if no check mark then no pre-auth authorization is required.

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		required unless specifically indicated on this list.		
		Identify whether any entered service require a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.		Grid does not distinguish when a service doesn't require a pre-authorization 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.	**NA**	
		Identify whether Medication needs to be obtained from a Specialty Pharmacy. If so, contact information of the specialty pharmacy		This information is only available by phone.
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures		Supporting documentation requirements are in clinical review criteria, though not called out on grid or web site No documentation for unlisted procedure
		Identify clinical criteria or vendor information whose criteria is used	**Met**	
		Identify whether approval of this service is dependent upon previously trying other services, i.e. "tried and failed".	**Met**	Contained in clinical review criteria, though not called out on grid or web site
Submitting Review Request	If a referral is not required or if a valid referral is in the system, providers submit a pre-authorization request either via phone/fax or online	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**	Urgency is on the Referral Request and the Procedure Notification

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	as a Referral request or as a Procedure Notification (Some provider systems include automated rules that insure that work queues only contain patients with services for which a pre-auth is required by GHC.) Clinicals will be faxed; either along with the faxed request or generated & faxed by the providers system noting the GHC reference number on the cover sheet.	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**	Providers would like to be able to enter multiple CPT codes and more than 2 ICD10 codes without having to go to special instructions
		On form/web page - Include questions about any relevant professional restrictions (as applicable)	**NA**	Providers are unaware of site of care or other know restrictions.
		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	**Met**	Clinical questions vary depending upon specialty selected.
		Allow for submission of form electronically or faxed with supporting documentation	**Met**	
		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.		Cannot print out information contained in the special instructions section
		Perform review for ALL submitted services that are valid per the BPR, not just those requiring a pre-authorization -- including Unlisted	**Met**	Using Referral Request or Procedure Notification, can request a review of all services including those that do not require a pre-authorization but

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		Procedures, except for those listed on health plan web site.		will undergo medical necessity 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	Most providers use the Referral Status Inquiry	Provide status information on web site per the BPR Identify any information that is missing.		Statuses are Pending, Approved, Denied. If pended, says "in process' or "under review" Sometimes, a reason for the status is provided. Type of missing document is not provided.
		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**	If the referral is placed under SCH tax id, everything fine