Detail: Provider Pre-Service workflow and Alignment of Web Capabilities with Best Practice Recommendations

1. Checking Eligibility/Benefits (ProviderOne) and Pre-Service Requirements (HCA web site)

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Checking Eligibility and Benefits	• Use an automatic batch eligibility capability integrated into the provider system. • If the needed information is not retrieved by the batch eligibility system, or the retrieved information is in doubt, or at beginning of each month when eligibility changes, the ProviderOne system is accessed directly.	Identify services that are benefit exclusions for the patient	**Met**	See comment(s) above: • ProviderOne #1 • Policy #2
Determining whether Pre-Auth or Medical Necessity Review is required	Staff accesses the HCA web site whenever there is a question about whether a service requires a pre-authorization.	Provide up-to-date navigation information on Pre-Service Directory	**Met**	
		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**	Search by CPT code on the Fee Schedule
		Information is specific to a product/group or plan, i.e. not a generic list.	**Met**	Must know if/when a special program applies and where to find information about that program, otherwise incorrect decisions can be made.

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
		• Identify whether any entered service require a pre-authorization. This includes Unlisted Procedures.	**Met**	See comment(s) above: • ProviderOne #2 • ProviderOne #3
		• Explicitly indicate if a service does not require a pre-authorization, e.g. no pre-auth required unless specifically indicated on this list.	**Met**	
		Identify whether any entered service require a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.	**Met**	This is done using the Qualis list.
		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	**NA**	
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures		If supporting documentation requirements are on the web site, they cannot be found.
		Identify clinical criteria or vendor information whose criteria is used		If clinical criteria are on the web site, they cannot be found.
		Identify whether approval of this service is dependent upon		Likely in criteria

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		previously trying other services, i.e. "tried and failed".		

2. Submitting & Checking Status on Pre-Auth Requests (ProviderOne)

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Submitting Review Request	Staff accesses the ProviderOne web site to submit pre-authorization requests.	Provide an online form/web page for requesting pre-service review	**Met**	
		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 ALL the services/medication/administration to be reviewed	**Met**	
		On form/web page - Include questions about any relevant professional restrictions (as applicable)	**Met**	Must specify setting, inpatient or outpatient
		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	**NA**	

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
		from sending this relevant information		
		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.	**Met**	Medicaid reviewers can't always see the supporting documents that were attached.
		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.	**Met**	
		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	A status inquiry is triggered by work queue. The ProviderOne system is accessed.	Provide status information on web site per the BPR Identify any information that is missing.	**Met**	See comment(s) above: • ProviderOne #4

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
		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		Can only check status on requests submitted by this provider. Can't check status on requests submitted by other providers even though services will be done in this facility.