

**Projected Implementation
of BPR-Browser Capability Related Enhancement**

Premera

The projected dates may change depending upon new mandates and other related changes.

BPR – Browser Capabilities: <http://www.onehealthport.com/sites/default/files/content-uploads/bpr/Posted%20-%20Browser%20Capabilities%20for%20Pre-Authorization%20and%20Admission%20Notification-8.23.pdf>

BPR – Extenuating Circumstance: <https://www.onehealthport.com/sites/default/files/content-uploads/bpr/PAExtenuatingCircumstances.pdf>

BPR Enhancement	BPR Page#	Status: 'Completed' or Projected Implementation Date	Comments
For Unlisted Procedures , either <ul style="list-style-type: none"> • Perform a pre-service review upon request from provider, OR • Identify, on the web site, the Unlisted Procedures that require medical necessity review and provide link to supporting documentation requirements 	11	Completed	Unlisted procedures can be entered into the online tool. The tool will tell them if review is needed and provide a link to the supporting documentation that is required.
Eliminate requirement for provider signature for an authorization request	14	Completed	
BPR – Extenuating Circumstance	All	WAC 284-43-2060 implementation date is January 1, 2018	
Link to supporting documentation requirements, for	10	Completed	

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<ul style="list-style-type: none"> • New requests • Renewal or extension of current services (if different than new request) 			
Provide updated status information	15-16	Completed & TBD	<p>Completed: Status messages are provided for pending, in review, approved, denied not medically necessary, needs additional information etc. For needs additional information, a phone number is provided where the provider can find out what information is needed.</p> <p>In process: We are evaluating posting a copy of the information needed/approval/denial letters on the web site. The letters outline needed supporting documentation/the approval/denial criteria and related information. No ETA</p>
<p>Include information about 'Provider Administered Medications' and 'Provider Administration of Medications' on web site, similar to other medical services</p> <ul style="list-style-type: none"> • Lookup • Specialty Pharmacy • Status Information 	<p>3-4, 6</p> <p>8</p> <p>9</p> <p>15-16</p>	<p>Lookup: Completed</p> <p>Specialty Pharmacy: NA</p> <p>Status: Completed & TBD</p>	<p>Lookup: Complete</p> <p>The codes for provider administered medications that require review can be found across all tools where a provider can search to see if a code needs review (just like any medical service) including our: Prior Authorization Tool, Clinical Review Code List and quick code check tool.</p> <p>If a provider would like to search by name, they can do that using our clinical review code list.</p> <p>Specialty Pharmacy: NA</p> <p>We do not require providers to use specialty pharmacy for medical benefit drugs (provider administered medications). If they choose to use specialty pharmacy to</p>

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			<p>save \$ they can order from one of our specialty pharmacies. They would visit our specialty pharmacy page for more info.</p> <p>Status Information:</p> <p><i>Complete:</i> Status messages are provided for pending, in review, approved, denied not medically necessary, needs additional information etc. For needs additional information, a phone number is provided where the provider can find out what information is needed.</p> <p><i>In process:</i> We are evaluating posting a copy of the information needed/approval/denial letter on the web site. The letters outline needed supporting documentation/the approval/denial criteria and related information. No ETA</p>
Identify when coverage for a service is dependent upon clinical requirement for previously tried services or diagnostic tests	10	Completed	
<ul style="list-style-type: none"> Identify services that require a medical review, separate from pre-auth Able to request a pre-service authorization review of these services 	9, 10 10	Completed	
For clinical information questions on the browser form – provide check list selection of answers and/or allow for complete entry of information	13	NA	
<ul style="list-style-type: none"> Identify any 'professional restrictions' associated with a service 	9, 10	Completed	The website requires that the provider enter the location where the services are being done (no longer just inpatient

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<ul style="list-style-type: none"> On auth request form, include question(s) about these restrictions with check list of responses for which authorization will be considered. 	13		<p>and outpatient as options, but office, inpatient, outpatient hospital, ASC, office, etc.) so that Premera can review the request appropriately and not have to ask for additional info from the provider.</p> <p>In addition, Premera links to the Clinical Review Code List which outlines if a service requires site of service review.</p>
Posting non-patient specific excluded benefit information	8-9	Complete	