1. Web Site Used for Medical Services & Medical Benefit Medications (Premera)

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Checking Eligibility and Benefits	**Steps** • Either use the Batch Eligibility capability in the EHR system, or • Use the Eligibility and Benefits link on the Premera site and record eligibility in the patient record	Identify services that are benefit exclusions for the patient	**Met**	
Determining whether Pre-Auth or Medical Necessity Review is required	**Steps** • Access Prospective Review link on Premera site • Complete the required fields • If no pre-auth required, save screen shot in patient record for audit purposes • If Pre-auth is required, the site will indicate to continue requesting a pre-auth using the tool.	Provide up-to-date navigation information on One-Stop-Shop page	**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**	
		Information is specific to a product/group or plan, i.e. not a generic list.	**Met**	Information is specific to a patient
		• Identify whether any entered service require a pre-authorization. This includes Unlisted Procedures.	**Met**	The page says "All non-specific codes are reviewed retrospectively."
		• 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	**Met**	Cannot specify a service that does not

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		service require a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.		require a pre-authorization. The provider assumes that all services that require a medical necessity review also require a pre-auth. Even when a pre-auth is not required, the site will indicate when medical review is recommended for a specific service.
		Identify any professional restrictions related to delivering the service, e.g. type of provider, site of care, etc.	**Met**	Pre-auth tool appears to consider site of service when assessing pre-auth requirements.
		Identify whether Medication needs to be obtained from a Specialty Pharmacy. If so, contact information of the specialty pharmacy	**N.A.**	All medications are buy and bill
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures	**Met**	Support documentation requirements are contained on Clinical Review Code List
		Identify clinical criteria	**Met**	A link to the Medical Policies in provided on the page
		Identify whether approval of this service is dependent upon previously trying other services, i.e. "tried and failed".		
Submitting Review Request	Steps –	Provide an online form/web page for requesting pre-service review	**Met**	The required submission process is not always indicated by the pre-auth tool.

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	• If Pre-Auth can be requested on the Premera Site, complete the information requested in the Prospective Review Tool • Pull together appropriate clinical documentation and upload it • Record reference number and related information in patient record	On form/web page - Allow specification of the "urgency" of the request	**Met**	Can check a box if want the request expedited. However, the option of submitting an expedited request should be presented earlier in the entry process.
		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)	**N.A.**	The logic of the pre-auth tool appears to consider site of service when assessing pre-auth requirements.
		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.**	
		Allow for submission of form electronically or faxed with supporting documentation	**Met**	The site also creates a fax sheet with reference number in case documentation will be faxed instead of uploaded.
		Provide acknowledgement of receipt of the review request	**Met**	
		Able to print the completed request	**Met**	

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		form and/or review on-line the information submitted on the request.		
		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**	Site says that Prospective Review will not be performed on Unlisted Procedures "All non-specific codes are reviewed retrospectively."
		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	**Met**	
Checking Status of Request	Steps • Use Check Prospective Review Status on Premera Site • Premera will sometimes fax if additional information is needed. • If not heard from Premera in a designated timeframe and request still pending, will call to find out status and pending reason • If additional documentation is required, will fax it to Premera	Provide status information on web site per the BPR Identify any information that is missing.		Only statuses are Pending, Approved and Denied. No information is provided about why a request is pended, e.g. what documentation 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**	Can see status of requests placed by viewers tax id or when submitted included viewer's tax id.