

## 2. Web Site Used for Advanced Imaging (Premera & AIM)

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Checking Eligibility and Benefits	<u>Steps</u> <ul style="list-style-type: none"> <li>• Either use the Batch Eligibility capability in the EHR system, or</li> <li>• Use the Eligibility and Benefits link on the Premera site and record eligibility in the patient record</li> </ul>	Identify services that are benefit exclusions for the patient	<b>Met</b>	
Determining whether Pre-Auth or Medical Necessity Review is required	<u>Steps</u> <ul style="list-style-type: none"> <li>• Access Prospective Review link on Premera site</li> <li>• Complete the required fields</li> <li>• If no pre-auth required, save screen shot in patient record for audit purposes</li> <li>• If Pre-auth is required, the site will indicate to continuing requesting a pre-auth and will provide a link to AIM.</li> </ul>	Provide up-to-date navigation information on One-Stop-Shop page	<b>Met</b>	
		Look up/Search <ul style="list-style-type: none"> <li>• for the care service by CPT code, keyword or functional category.</li> <li>• for the medication by J-code (for Meds that have a J code) and Brand Name and Generic Name</li> </ul>	<b>Met</b>	
		Information is specific to a product/group or plan, i.e. not a generic list.	<b>Met</b>	Information is specific to a patient
		<ul style="list-style-type: none"> <li>• Identify whether any entered service require a pre-authorization. This includes Unlisted Procedures.</li> <li>• Explicitly indicate if a service does not require a pre-authorization, e.g. no pre-auth required unless specifically indicated on this list.</li> </ul>	<b>Met</b>  <b>Met</b>	The page says "All non-specific codes are reviewed retrospectively."

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		Identify whether any entered service require a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.	<b>Met</b>	Cannot specify a service that does not 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.	<b>Met</b>	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	<b>N.A.</b>	
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures	<b>Met</b>	Support documentation requirements are contained on Clinical Review Code List
		Identify clinical criteria	<b>Met</b>	A link to the Medical Policies is 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	<u>Steps</u> –	Provide an online form/web page for requesting pre-service review	<b>Met</b>	

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	<ul style="list-style-type: none"> <li>• Access the AIM site</li> <li>• Review clinical documentation and try to complete the questions</li> <li>• If auto-approved, record authorization and related information in the patient record.</li> <li>• If not auto-approved,               <ul style="list-style-type: none"> <li>– record related information in the patient record</li> <li>– If AIM approves the request upon manual review, they will send an email with authorization number. Or status can be checked on the website</li> <li>– Otherwise wait for AIM call back to ask for more clinical information or schedule a peer -2</li> <li>–peer review</li> </ul> </li> </ul>	On form/web page - Allow specification of the “urgency” of the request	<b>N.A.</b>	Request might be auto-approved
		Identify the timeframe under which the request will be reviewed, somewhere in the process	<b>N.A.</b>	Request might be auto-approved
		On form/web page - Allow specification of ALL the services/medication/administration to be reviewed		<p>Bilaterality cannot be indicated as a specific characteristic of the entered service.</p> <p>If enter “left “ on one request and “right “on another request, one request will be cancelled as a duplicate. If enter both procedures (left and right) on same request, the request will pend for peer-2-peer.</p> <p>Some providers avoid the peer-2-peer by entering bilaterality in the notes section. But this does not work for all providers.</p>
		On form/web page - Include questions about any relevant professional restrictions (as applicable)	<b>N.A.</b>	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		Questions are not always clear about what clinical information is required, and there is a 300 character limit on how much information can be submitted – which is not always sufficient.

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		information		
		Allow for submission of form electronically or faxed with supporting documentation		Documentation cannot be submitted electronically, only a short description of why scans are being ordered. AIM wants provider to call and spend 20-30 minutes on the phone going through the clinic notes answering questions. Provider prefers to send notes to AIM so they can review themselves. AIM staff tries to resist this.
		Provide acknowledgement of receipt of the review request		Only authorization number is provided. No reference number is provided for pending requests.
		Able to print the completed request form and/or review on-line the information submitted on the request.	<b>Met</b>	AIM provides online access to answers to clinical questions
		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.	<b>N.A.</b>	Premera site indicates that "All non-specific codes are reviewed retrospectively."
		Perform review without a provider signature on the request	<b>Met</b>	
		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	<u>Steps</u> <ul style="list-style-type: none"> <li>Access AIM site</li> </ul>	Provide status information on web site per the BPR Identify any information that is		Only statuses are Pending, Approved and Denied. Other than 'under medical review', no information is

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	<ul style="list-style-type: none"> <li>AIM will usually call or fax if additional information is needed. If haven't heard from AIM, staff will follow-up by calling AIM.</li> <li>If additional documentation is required, will fax it to AIM</li> </ul>	missing.		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	<b>Met</b>	Provider can select the organizations who refer to them and are able to see that status on their requests.