3. Web Site Used for Outpatient Rehabilitation (Premera & eviCore)

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 continuing requesting a pre-auth and will provide a link to Evicore.	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

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
		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.**	
		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**	
		On form/web page - Allow		

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
	• Access the Evicore site • Request Clinical Certification/Procedure • Review clinical documentation and try to complete the questions • Submit the request. All requests seem to be approved – authorization number, start date-end date and number of visits approved are returned • Record information in patient record.	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**	Only the type of service needs to be entered, no CPT codes entered
		On form/web page - Include questions about any relevant professional restrictions (as applicable)		
		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**	The answers to all clinical questions can be selected from a list.
		Allow for submission of form electronically or faxed with supporting documentation		Information can be cut and pasted into the request form. But supporting documentation cannot be uploaded or faxed.
		Provide acknowledgement of receipt of the review request	**Met**	Authorization number with benefit information is provided.
		Able to print the completed request form and/or review on-line the information submitted on the request.		There is no apparent way to view/print request information
		Perform review for ALL submitted	**N.A.**	

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
		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.		Codes not used to request services
		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	Steps • Access Evicore site, Authorization Lookup tab • Sometimes Evicore sends an email when request is approved/denied. • Provider calls Evicore to find out if clinical information is missing. Occasionally Evicore calls to ask for additional information, but this appears to be random.	Provide status information on web site per the BPR Identify any information that is missing.		Status information is limited to Approved, Denied, and Currently in Review. No additional information about missing information or status in the review process
		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**	