<u>Projected Implementation</u>
<u>of BPR-Browser Capability Related Enhancement</u>

UnitedHealthcare

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 • 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**	If the unlisted code requires prior authorization, then they are part of the published prior authorization list. If a code is not on the list, that code does not require pre-auth.
Eliminate requirement for provider signature for an authorization request	14	**Completed**	Provider signature is not required for submission of an authorization request
BPR – Extenuating Circumstance	All	**WAC 284-43-2060 implementation date is January 1, 2018**	
Link to supporting documentation requirements, for • New requests • Renewal or extension of current services (if different than new request)	10	**Completed**	Detailed Medical Records Requirements for Pre-Service Review of many listed services requiring prior authorization are posted at: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Req-Pre-Service.pdf
Provide updated status information (online)	15-16	**Planned & In Progress**	***Planned:*** Coverage determination status is available online to indicate whether a service is pending, covered/approved, not covered/not approved, or cancelled. Implementation of the expanded set of status

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			information is planned -- ***timing is likely 2018-2019***. ***In progress***: We are working on the capability to post a copy of the of the coverage determination letter on our web site so that it can be viewed by providers who requested the service(s) or will be rendering the service(s). ETA is 2018.
Include information about 'Provider Administered Medications' and 'Provider Administration of Medications' on web site, similar to other medical services • Lookup • Specialty Pharmacy • Status Information	3-4, 6 8 9 15-16		Requires pharmacy input – *Planned date to be determined*
Identify when coverage for a service is dependent upon clinical requirement for previously tried services or diagnostic tests	10	**Completed**	Clinical requirement, used to make coverage and medical necessity decisions, are defined in the applicable medical, coverage, reimbursement policies (when available). Policies would include any precursory requirements for diagnostic tests and other services. Medical policies available at: https://www.uhcprovider.com/en/policies-protocols/commercial-policies/commercial-medical-drug-policies.html?rfid=UHCOContRD
• 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		*Planned date to be determined*
• Identify any 'professional restrictions' associated with a service • On auth request form, include question(s)	9, 10 13		• Identify any 'professional restrictions' associated with a service: *Planned date to be determined* • On auth request form, include question(s) about these restrictions with

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about these restrictions with check list of responses for which authorization will be considered.			check list of responses for which authorization will be considered: *Not Planned*
Posting non-patient specific excluded benefit information	8-9		Non-patient specific benefit exclusions aren't posted online since those can vary widely for ASO. Member-specific benefit information and exclusions are displayed if the provider enters the member's eligibility information online so that the system can pull up their specific benefit information