Detail: Provider Pre-Service workflow and Alignment of Web Capabilities with Best Practice Recommendations

Web Site Used for All Services

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Checking Eligibility and Benefits	Steps Depending on circumstance, check eligibility using: • Batch eligibility check in EPIC • CHPW portal / Jiva portal • ProviderOne (If EPIC is not available or the batch eligibility is not current, the other web sites are checked for eligibility)	Identify services that are benefit exclusions for the patient	**Met**	Benefit exclusions are listed in the Benefit Grid http://chpw.org/resources/Providers/Member_Benefit_Grids/2017-AppleHealthGrid-Apr24.pdf See Comment B.1 above (Difficult to Find)
Determining whether Pre-Auth or Medical Necessity Review is required	Steps • When not sure whether or not a service requires a pre-auth, go to CHPW site to check Prior Authorization Code Lookup list (Some providers	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** **Met**	See Comment B.3 above (Possibility of Mis-Information)
		Information is specific to a product/group or plan, i.e. not a generic list.	**Met**	
		• Identify whether any entered service		This information is divided across 3 different lists

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	may also change the Pre-Auth List)
	
	• If the service is not on one of the lists, either:
	  – make a call to CHPW to confirm that is covered and that a preauth is not required
	  – take a screen shot to show that the service was not on the list
	
	Document the phone call/ screen shot in the EHR
	
	• Otherwise submit a pre-auth request
		require a pre-authorization. This includes Unlisted Procedures.
		
		• Explicitly indicate if a service does not require a pre-authorization, e.g. no pre-auth required unless specifically indicated on this list.
			Met
			
			Met
				and providers typically only use 1 of them – the Pre-Auth Code Lookup list
				
				See Comment B.1 above (Difficult to Find)

		Identify whether any entered service require a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.	**NA**	It is assumed that all services that require a medical necessity review will also require a pre-auth.
		Identify any professional restrictions related to delivering the service, e.g. type of provider, site of care, etc.	**NA**	It is assumed that no services have site of service or other types of restrictions
		Identify whether Medication needs to be obtained from a Specialty Pharmacy. If so, contact information of the specialty pharmacy		All providers indicate that they buy and bill all medication. See comment B.3.b.ii (Conflicting Information) – for some medications, the pre-auth list doesn't indicate any limitations but the Apple Health Formulary indicates that a specialty pharmacy needs to be involved
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures	**Met**	Information about supporting documentation requirements is provided on the Prior Authorization list. However, since providers primarily use the Prior Authorization Code Look-up list, they don't see this information See Comment B.1 above (Difficult to Find)
		Identify clinical criteria		Milliman Consulting Group (MCG) clinical criteria is not available on the site.
		Identify whether approval of this service		For service with a medical policy on the site, this

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		is dependent upon previously trying other services, i.e. "tried and failed".		information is included in that policy. This information is not available for services to be reviewed with Milliman Consulting Group (MCG) clinical criteria.
Submitting Review Request	Steps – • Use the Jiva portal to submit the pre-auth request. • Refer to information in the patient record to complete fields in the Jiva portal • If service is 'Exception to Rule', then submit and include the form as supporting documentation • Based upon internal protocols, pull together all relevant clinical documentation, put it into a document and upload it • Record reference number and related information in patient record	Provide an online form/web page for requesting pre-service review	Met	
		On form/web page - Allow specification of the "urgency" of the request	Met	A drop down box allows selection of Routine or Urgent
		Identify the timeframe under which the request will be reviewed, somewhere in the process.	Met	Web site provides an expected decision date
		On form/web page - Allow specification of ALL the services to be reviewed	Met	
		On form/web page - Include questions about any relevant professional restrictions (as applicable)	NA	
		If form/web page asks for clinical information, either offer check list selection of appropriate clinical information or allow providers to submit ALL clinical information relevant to the specific request for services, and not restrict provider from sending this relevant information	NA	No clinical questions are asked as part of the request process
		Allow for submission of form electronically or faxed with supporting documentation	Met	Supporting documentation can be uploaded. Cut and Paste would be more efficient. See Comment D.5 above (No cut and paste)
		Provide acknowledgement of receipt of the review request	Met	Reference number and decision dates are immediately provided after submission
		Able to print the completed request form and/or review on-line the information	Met	Completed request can't be printed but can be reviewed in full on line.

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	• Respond to CHPW fax/call request for additional documentation by retrieving materials and faxing	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**	CPT code for Unlisted Procedures can be entered, but there is not place to specify the description.
		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 – • Wait for faxed letter that confirms approval, denial or requests more information • If no fax within provider organization specified number of days, a followup is triggered. Process starts by checking status on the site and then calling CHPW.	Provide status information on web site per the BPR Identify any information that is missing.		The Jiva portal only shows "In Process" or "Processed". If Processed, can see if approved or denied. For In Process, no specific information is provided related to where it is in the process or what documentation is missting. The CHPW site always appears to show a status of "open" even after the jiva status shows as approved or denied.
		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		Only submitting provider organization can view status information. The delivering provider cannot see status information if they have a different Tax ID See Comment D.6/E.4 above (Same Tax ID required)