

Website Used for All Services

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
<p>Checking Eligibility and Benefits</p>	<p><u>Steps</u></p> <ul style="list-style-type: none"> • Use the Eligibility and Benefit section of the website. 	<p>Identify services that are benefit exclusions for the patient</p>	<p>Met</p>	<p>Excluded benefits are indicated by the pre- authorization tool, e.g. 15830</p>
<p>Determining whether Pre-authorization or Medical Necessity Review is required</p>	<p><u>Steps</u></p> <ul style="list-style-type: none"> • Move from Eligibility and Benefits section directly to Check Pre- authorization section by clicking on the button • Enter CPT codes to see what pre-service action needs to be taken. 	<p>Provide up-to-date navigation information on One-Stop-Shop page</p>	<p>Met</p>	
		<p>Look up/Search</p> <ul style="list-style-type: none"> • 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 	<p>Met</p>	
		<p>Information is specific to a product/group or plan, i.e. not a generic list.</p>	<p>Met</p>	<p>Pre-authorization is specific to the patient</p>
		<ul style="list-style-type: none"> • Identify whether any entered service require a pre-authorization. This includes Unlisted Procedures. • Explicitly indicate if a service does not require a pre-authorization, e.g. no pre-authorization required unless specifically indicated on this list. 	<p>Met</p> <p>Met</p>	<p>When an Unlisted Procedure (69799) is entered into the tool, the tool responds with a different message than when a non-unlisted procedure code that requires pre-authorization is entered. It is not always clear what the different message means.</p>

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		Identify whether any entered service requires a medical necessity review (separate from a pre-authorization). This includes Unlisted Procedures.	Met	The message "submit for review" suggests that a review will be conducted separate from pre- authorization.
		Identify any professional restrictions related to delivering the service, e.g. type of provider, site of care, etc.	NA	
		Identify whether Medication needs to be obtained from a Specialty Pharmacy. If so, contact information of the specialty pharmacy	NA	
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures	Met	Documentation Requirements clearly stated in the Medical Policy associated with a specific service.
		Identify clinical review criteria	Met	
		Identify whether approval of this service is dependent upon previously trying other services, i.e. "tried and failed".		
Submitting Review Request	<u>Steps -</u> <ul style="list-style-type: none"> Move from Checking Pre-authorization 	Provide an online form/Web page for requesting pre-service review	Met	
		On form/Web page - Allow specification of the "urgency" of the request		

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	Requirements to Submitting a Pre-authorization by clicking on the button	Identify the timeframe under which the request will be reviewed, somewhere in the process		
	<ul style="list-style-type: none"> • Enter information from EHR into the request form. 	On form/Web page - Allow specification of ALL the services/medication/administration to be reviewed	Met	
	<ul style="list-style-type: none"> • Upload supporting documentation 	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 provider to submit ALL clinical information relevant to the specific request for services, and not restrict provider from sending this relevant information	NA	
		Allow for submission of form electronically or faxed with supporting documentation	Met	Uploaded .pdfs do not always seem to be received by FCH staff
		Provide acknowledgement of receipt of the review request	Met	A reference number is provided.
		Able to print the completed request form and/or review on-line the information submitted on the		Information entered into the request cannot be reviewed after the request is submitted

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		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 the health plan website.	Met	
		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	<u>Steps</u> Use Check Pre-Status Must enter all information into status request – not just reference number or just member information. Must call for status of requests submitted over the phone.	Provide status information on website per the BPR Identify any information that is missing.		There is no information about where a Pended request is within the review process or what supporting documentation is missing No specifics about authorizations are given
		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		Can only see what was submitted for the requestor's NPI or tax id. Status cannot be reviewed by performing provider or facility if different than requesting provider.