

This checklist is completed based upon the *Molina Web Site* (eligibility check and pre-auth list) with *Clear Coverage Web Site* (submit request and status):

Function	Provider Workflow	BPR-specified Capabilities	'MET', Schedule d Date, or 'NA'	Comment
Checking Eligibility and Benefits	<u>Steps - Molina Site</u> Check eligibility either via the automated batch interface to Epic/Cerner or on the Molina web site.	Identify services that are benefit exclusions for the patient	Met	The PA list (on the secure Private Portal) indicates whether a code is not covered. For Medicaid, the following (on the Molina public site) also identifies not covered services:(http://www.molinahealthcare.com/providers/wa/medicaid/manual/PDF/04-Benefits-and-Covered-Services-2016.pdf) Phone calls have to be made to find out about limitations.
Determining whether Pre-Auth or Medical Necessity Review is required	<u>Steps – Molina Site</u> The determination of whether or not to submit a pre-auth is typically dependent upon staff's institutional knowledge. In situations when staff's institutional knowledge questions whether a pre-auth is required, then <ul style="list-style-type: none"> Find most current pre-auth list Look up service by cpt code to determine if pre-auth is required? 	Provide up-to-date navigation information on One-Stop-Shop page		
		Look up/Search <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 	Met	
		Information is specific to a product/group or plan, i.e. not a generic list.	Met	
		<ul style="list-style-type: none"> Identify whether any entered service require a pre-authorization. This includes Unlisted Procedures. 		See comment #A.5

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		<ul style="list-style-type: none"> 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 service require a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.	NA	A Medical Necessity Review is not performed on services that do not require a pre-authorization
		Identify any professional restrictions related to delivering the service, e.g. type of provider, site of care, etc.	Met	See Comment #A.3 above
		Identify whether Medication needs to be obtained from a Specialty Pharmacy. If so, contact information of the specialty pharmacy	NA	All medications are buy and bill
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures		Supporting documentation requirements are not posted on the web site.
		Identify Clinical Criteria	Met	Clinical Criteria is posted on the Molina main site but not on the site that is accessed via OHP logon.
		Identify whether approval of this service is dependent upon previously trying other services, i.e. "tried and failed".		

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Submitting Review Request	<u>Clear-Coverage Based Steps</u>	Provide an online form/web page for requesting pre-service review	Met	
	<ul style="list-style-type: none"> Review Epic site to become familiar with clinical situation so can complete the interactive request form Access Clear Coverage site Complete the interactive request form <p>In some cases an auto-approval is received</p> <ul style="list-style-type: none"> If auto-denial is received, submit for further review Supporting documentation can be cut from the EPIC system and pasted into Clear Coverage system documentation If additional information is needed, Molina nurses will either call or leave a note in the encounter comments on the Clear 	On form/web page - Allow specification of the “urgency” of the request	Met	Urgency is selected in a drop down menu
		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	Multiple procedures can be submitted in the Clear Coverage process.
		On form/web page - Include questions about any relevant professional restrictions (as applicable)		Place of service differences in the pre-auth list do not appear as a question in the web app for those services.
		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	
		Allow for submission of form electronically or faxed with supporting documentation	Met	Information can be cut and pasted into Clear Coverage or attached.
		Provide acknowledgement of receipt of the review request	Met	If request was auto-approved, then an authorization number and valid dates are provided.

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	Coverage site.			If not, then a pended reference number is provided
		Able to print the completed request form and/or review on-line the information submitted on the request.	Met	All questions and entered answers can be reviewed after submission. Notes and diagnoses can be edited.
		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.	NA	Since a medical necessity review is only conducted on services that require a pre-auth, no review will be done for services that do not require a PA.
		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> Access Clear coverage site and either <ul style="list-style-type: none"> • Look up a patient in order to view status, OR • Set filter in order to see all requests submitted for an NPI 	Provide status information on web site per the BPR Identify any information that is missing.		Statuses are Pended, Authorized, Denied. No information is provided about why Pended (e.g. what, if/any additional information is required) and no information is provided about why 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	NA	