

**Projected Implementation
of BPR-Browser Capability Related Enhancement**

Amerigroup

The projected dates may change depending upon new mandates and other related changes.

BPR – Browser Capabilities: <https://www.onehealthport.com/sites/default/files/admin-simp/Posted%20-%20Browser%20Capabilities%20for%20Pre-Authorization%20and%20Admission%20Notification.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 <ul style="list-style-type: none"> • Perform a pre-service review upon request from provider, OR <ul style="list-style-type: none"> • Identify, on the web site, the Unlisted Procedures that require medical necessity review and provide link to supporting documentation requirements 	12	Completed	Amerigroup will perform a pre-service review for all requests from a provider, whether or not is it an unlisted procedure. The provider may telephone, fax or request an on-line prior authorizations review. Unlisted codes through the on-line (Availity. Com) system will notify the provider that a clinical review will be completed for their requests, such as unlisted procedures.
Eliminate requirement for provider signature for an authorization request	15	Completed	There is no signature requirement for a provider on the prior authorization form and no requirement exists that a provider signature is required in order to initiate the prior authorization process.
BPR – Extenuating Circumstance	All	WAC 284-43-2060 implementation date is January 1, 2018	

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Link to supporting documentation requirements, for <ul style="list-style-type: none"> • New requests • Renewal or extension of current services (if different than new request) 	10	No Date Planned	Clinical policies (Medical Policy and UM Guidelines) are available on the Amerigroup.com website at Providers Washington Quick Tools. Medical necessity requirements are listed as well as renewal or extension criteria. These tools are not listed on the Availity on-line prior authorization request site or linked to the clinical policy web-site. At this time there are no plans to link the Availity site to medical policies. Supporting documentation requirements are listed in the Medical Policy, as the medical necessity criteria. However, there is no list of supporting documentation requirements for non-clinical staff in the medical policy.
Provide updated status information	16-17	Partially Completed	The Availity on-line system will provide the provider with the following status on preauthorization requests. <ul style="list-style-type: none"> • Request received • Requested review in process • Requested review pended for additional clinical • Request approved • Request partially denied • Request denied In some cases, detailed information related to a particular status will be reported along with the status.
Include information about 'Provider Administered Medications' and 'Provider Administration of Medications' on web site, similar to other medical services <ul style="list-style-type: none"> • Lookup • Specialty Pharmacy • Status Information 	3-4 8 10 16-17	Completed	There is comprehensive information available related to Pharmacy, including preferred drug list, a drug formulary, Specialty Pharmacy (injectable) requiring prior authorization. There is an on-line source currently through Express Scripts for prior authorization and status updates. There is also information listed for MAT treatment and Opioid information criteria. Infusion (drugs) are processed through the UM prior authorization process.

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Identify when coverage for a service is dependent upon clinical requirement for previously tried services or diagnostic tests	11	Completed	Current Medical policies and UM guidelines outline the requirements when coverage for a service is dependent upon clinical requirement(s) for previously tried services or diagnostic tests.
<ul style="list-style-type: none"> • Identify services that require a medical review, separate from pre-auth • Able to request a pre-service authorization review of these services 	10 12	Partially Completed	Unlisted codes are not listed as requiring a Pre-auth, but will be subject to clinical review. However, providers can submit pre-service requests for all services, including Unlisted Procedures.
For clinical information questions on the browser form – provide check list selection of answers and/or allow for complete entry of information	14	Completed	This capability is not applicable except for AMI. AIM does have a limitation in the number of characters that can be entered into a free text field.
<ul style="list-style-type: none"> • Identify any 'professional restrictions' associated with a service • On auth request form, include question(s) about these restrictions with check list of responses for which authorization will be considered. 	10 14	NA	There are no site of service restrictions for any services.
Posting non-patient specific excluded benefit information	9	No Date Planned	The web site directs all precertifications to the in-house precertification process (submission). An excluded benefit however, will be listed as no precertification needed, which is misleading to the provider. This system has no time line for correction to ensure that non-patient specific excluded benefit information is clearly delineated. With the Availity on-line portal, excluded benefits are interpreted as requiring preauthorization and the nurse will be directed to review the authorization and return with an administrative denial of non-covered benefit and information for processing an exception to the rule