Projected Implementation
of BPR-Browser Capability Related Enhancement

HCA-Medicaid

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

BPR: http://www.onehealthport.com/sites/default/files/content-uploads/bpr/Posted%20-%20Browser%20Capabilities%20for%20Pre-Authorization%20and%20Admission%20Notification-8.23.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	The billing guide identifies those Unlisted Procedures in fee schedule that requires Prior Authorization The fee schedule lists all Unlisted Procedures that are covered
Eliminate requirement for provider signature for an authorization request	14	Completed	Signature, except for gender reassignment, is not required.
Do not deny claim for lack of pre-authorization in cases of inherent component services (still in workgroup discussion)			
Link to supporting documentation requirements, for • New requests • Renewal or extension of current	10	Completed	Per billing guides and fee schedule.

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services (if different than new request)			
Provide updated status information	15-16		P1 indicates where a PA is in the process. It will indicate if a "pend" letter has been generated. The letter contains the pend and how to resolve. Provider can call if letter is misplaced/not received. No date has been set for updating P1
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	Completed	In Provider Guide.
Identify when coverage for a service is dependent upon clinical requirement for previously tried services or diagnostic tests	10	Completed	In Provider Guide.
• 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	Services that do not require PA are not pended for a medical review prior to payment. We will conduct post-pay review as appropriate.
For clinical information questions on the browser form – provide check list selection of answers and/or allow for complete entry of information	13	Completed	Qualis system allows a checklist. Billing guides list required clinical information for other services.
• Identify any 'professional restrictions' associated with a service	9, 10	Completed	Provider Guide indicates any site of service restrictions.

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• On auth request form, include question(s) about these restrictions with check list of responses for which authorization will be considered.	13		
Posting non-patient specific excluded benefit information	8-9	Completed	In Provider Guide and Fee Schedule.