Web Site Usage for All Services

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Checking Eligibility and Benefits	<u>Steps</u> If staff has access to SAW • Use SAW to access Claim information • Determine if diagnosis on Claim is that same as the diagnosis from the provider. • If there is a question about whether the scope of the claim will cover the proposed diagnosis/service, will fax information to the Claims Manager and wait for a response, • Periodically review the Claim File Note for information update by Claim Manage If staff does not have access to SAW, call the Claims Manager or use the automated phone system Regardless of SAW access, determine if employer is self-insured using the following: (http://www.lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/) If employer is self insured, benefits are	Identify services that are benefit exclusions for the patient	**Met**	A patient's claim number is used to look up claim.

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	determined by the employer and claims must be sent to the self insured employer and not L&I.			
Determining whether Pre-Auth or Medical Necessity Review is required	<u>Steps</u> In some cases, staff has institutional knowledge about what services require a pre-auth. Otherwise, staff will: • Check fee schedule lookup to determine if pre-auth is required and if so, what type. • If fee schedule does not specify whether or not a pre-auth is required, see "Submitting Review Request" below. • Load information about pre-auth requirement into the provider's EMR system.	Provide up-to-date navigation information on One-Stop-Shop page	To-Be Confirmed	
		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**	
		Information is specific to a product/group or plan, i.e. not a generic list.	**Met**	Information in fee schedule applies to all L&I Claims
		• 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-auth required unless specifically indicated on this list.	**Met**	There is no specific information on the fee schedule indicating when a pre-auth is not required
		Identify whether any entered service require a medical necessity review (separate from a pre-auth).	**NA**	Only services that require a pre-auth are reviewed for Medical Necessity

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		This includes Unlisted Procedures.		
		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**	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		Provider organization institutional knowledge/standard work documentation defines what information to submit. There is nothing on the L&I or Qualis web sites.
		Identify clinical criteria	**Met**	
		Identify whether approval of this service is dependent upon previously trying other services, i.e. "tried and failed".		In some cases this information is contained in medical policy. In other cases, staff has institutional knowledge or consults standard work documentation
Submitting Review Request	Steps – • If fee schedule does not specifically say if pre-auth is required, call CM to see if required. If so, verbally	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**	

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	communicate request to CM. CM will update Claim Notes with the request. • If fee schedule specifies CM review, call CM to request verbal authorization. CM will update Claim Notes with the request. Most times, a call is sufficient to request the pre auth, however an L&I fax form can be submitted with clinical information. • If fee schedule specifies UR review, submit request through Qualis – completing all required assessment questionnaires and loading notes from their EMR system. • If clinical information required to complete the questionnaires cannot be found in the provider's notes, the pre-auth request needs to be stopped until the provider can be reached to answer the question(s). • Record in the EMR system the submission of request and reference number	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		See Challenge 5.b. See Challenge 5.c.
		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	**Met**	All of Qualis' questions have check box answers
		Allow for submission of form electronically or faxed with supporting documentation	**Met**	Supporting documentation can be faxed or uploaded with request. .PDFs must be attached one at a time. Would be easier if multiple .PDF could be attached as a group.
		Provide acknowledgement of	**Met**	Reference ID number is

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		receipt of the review request		provided by Qualis which can be used with Qualis and L&I.
		Able to print the completed request form and/or review on-line the information submitted on the request.	**Met**	
		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**	Only services that require a pre-auth are reviewed for Medical Necessity, this includes Unlisted Procedures. These reviews are done as thepre-auth review.
		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> • If pre-auth required UR and submitted through Qualis, - Periodically check for approval in Qualis, via Search Request function No expected timeframe is	Provide status information on web site per the BPR Identify any information that is missing.	**Met**	Status of UR approval is in the Qualis system. Status information is excellent and includes what is happening with requests that are in pend status.
		Allow access to status information		Unless provider has access to

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	provided. Staff uses "sticky notes" to track which patients are outstanding. Comment #5c - Then, after 3-4 days, monitor Claims information (or call CM) to see when Qualis approval received by L&I - Then monitor Claims information (or call CM) to see if pre-auth approved • If pre-auth required CM and submitted through CM or fax, then monitor Claims information (or call CM) to see if pre-auth approved • Enter information into EMR system.	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		SAW, they cannot see L&I pre-auth status and not all providers have access to SAW. • Receipt of UR approval is entered into the Claims information by the CM. • Pre-auth decision and related information for all requests is entered into the Claims information by CM.