QUEST Integration Program

Prior Authorizations Medical Report

Health Plan Submission Information

Health Plan Name: _____ Report Date: _____

Reporting Period: _____

If Resubmission,
Date Submitted: _____

Integrated Report Template(s)

PAM_Report_MLDF_Template_Rel04.25.xlsx

Section I: Aggregate Prior Authorizations Data

The Health Plan shall use the following embedded Procedural Code worksheet to notate the CPT/HCPCS codes for which the Health Plans require prior authorization for each service category. The Health Plan shall add any additional CPT codes, if applicable, to each category.

PAM_Procedural Code Worksheet_Rel0

Total Number of CPT/HCPCS codes requiring prior authorization	

Provide a short qualitative summary on any changes to the Health Plans prior authorization program in the past reporting period. Examples include the removal or addition of services.

The Health Plan shall use the integrated Report Template to provide aggregate and summary data on prior authorizations in the ALDF tabs:

Median weekly number and range of prior authorization requests received from providers not exempt from prior authorizations

Median Weekly Number of prior authorizations for all providers	
Range (min-max) of Weekly Number of prior authorizations for all providers	

Section II: Member-level Data File

The Health Plan shall use the integrated Report Template to report on member level data.

Section III: Prior Authorizations Procedures

1. In the next three questions, the Health Plan shall describe efforts it has engaged in to collaborate with other Health Plans contracted with DHS in the development and implementation of an innovative and streamlined UM/prior authorization protocol for providers.

A. Describe below any meeting dates/frequency, action items, and future plans.

B. Describe any progress made to date and/or plans for innovative and streamlined prior authorizations request forms/portals, procedures, and reviewing processes.

C. Describe how the efforts described above are envisioned to help to alleviate the burden of prior authorization processes on the provider.

2. Does the Health Plan have a prior authorization committee to evaluate PA requirements? YES ☐ NO ☐

2.a How often does the committee convene?

2.b. Describe any changes to prior authorizations processes and procedures that the Health Plan implemented during the reporting period.

3. Does the Health Plan have an electronic prior authorization portal/process for all providers to identify and submit prior authorization requests? YES ☐ NO ☐

3.a. Describe the electronic prior authorization portal/process for providers to identify and submit prior authorizations and any upgrades or changes the Health Plan is planning or actively implementing. If the Health Plan does not have an ePA, describe any efforts the Health Plan engaged in during the reporting period to implement such a program, and provide an estimated timeline for implementation:

	YES	NO
4. Does the Health Plan have a program to eliminate prior authorization requirements for select providers/practices?	☐	☐

4.a. If yes, describe the program(s) below and detail the number of providers exempt, partially exempt (if applicable), and not exempt. How do the numbers reported in the current reporting period differ from those reported in the prior reporting period? Does the Health Plan intend to expand or change the program in the near future?

4.b. If the Health Plan does not have a program that eliminates prior authorization requirements for select providers/practices, describe any efforts the Health Plan engaged in during the prior reporting period to implement such a program, and provide an estimated timeline for implementation:

	YES	NO
5. Does the Health Plan offer a minimum 60-day grace period on prior authorization protocols for patients who are already stabilized on a particular treatment upon enrollment in the Health Plan?	☐	☐

5.a. If "No", describe if the Health Plan utilizes a different time period for the grace period or if there is no grace period. Additionally, describe below why the health plan has selected this policy.

	YES	NO
6. Once Prior Authorization is obtained for a given procedure, is prior authorization approval valid for the duration of all prescribed/ordered course of treatments (or in the case of members with CIS, SHCN, or LTSS, until the next Health Action Plan review)?	☐	☐

6.a. If "No", describe which services are subject to recurring prior authorizations during treatment and how the Health Plan arrived at this decision.

	YES	NO
7. Does the Health Plan publicly disclose in a searchable format, patient-specific utilization management requirements such as prior authorizations for individual medical services?	☐	☐
8. Does the Health Plan publicly disclose statistics regarding prior authorization approval and denial rates on its website, or another publicly available website, in a readily accessible format?	☐	☐
9. Does the Health Plan revoke, limit, condition or restrict coverage for authorized care provided for any services within 45 business days from the date authorization was received?	☐	☐

9.a. If "Yes", please specify below which services are subject to these conditions; describe the circumstances under which revocations, limitations, conditions or restrictions may be applied; and describe how long the Health Plan has to implement such revocations, limitations, conditions, or restrictions.

Attestation

I, _____, acting as the Chief Executive Officer or Authorized Agent of _____ (i.e., the Health Plan), **declare under penalty of perjury** that: (1) the information reported above is true and correct; (2) any attached documentation and materials referenced are true and correct; and (3) I understand and agree to the terms of the QI RFP/contract at Sections 6, Health Plan Reporting and Encounter Data Responsibilities and Section 14.21, Remedies of Non-Performance of Contract.

_____ _____ _____

Signature Title Date

Service Category	#submissions	#denials	#appeals	#denials	Then what happens?
1 - At Risk Services					
2 - Autism Services					
3 - Diagnostic Testing					
4 - Durable Medical Supplies/ Medical Equipment					

5 - Home and Community Based Services

6 - Home Health Services

7 - Inpatient Hospital Services

8 - Outpatient Hospital services

9 - Physician Services

10 - Preventative services

11 - Rehabilitation services

12 - Transportation Services

13 - Behavioral Health

14 - Other Services