

MPM Authorization and Referral Management

The Authorization and Referral Management (ARM) component of the Medical and Practice Management Suite provides health care organizations a streamlined approach for managing authorizations and referrals. Comprehensive referrals and authorizations are easily entered and accessible during the scheduling, registration and billing processes.

Automated Authorization and Referral Tracking

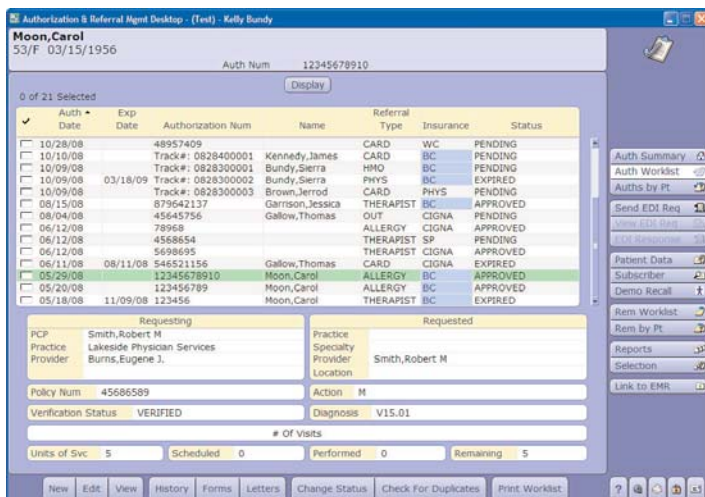
Authorization and Referral Management has been incorporated into the Medical and Practice Management Suite to serve clinicians and administrative staff in practices, clinics and other ambulatory locations. ARM can be accessed directly from the scheduling, registration and billing components to automate the process of authorization and referral tracking. Authorization and Referral Management helps:

- Enable organizations to create, edit, change the status of, view details of and print referrals and authorizations
- Facilitate billing by expediting and ensuring reimbursement
- Allow clinical staff to ensure accuracy with a variety of reports
- Maintain correct records by tracking patient's authorization and referral history

Authorization and Referral Data

Information regarding authorizations and referrals is easily accessible during scheduling, registration and billing, ensuring that the latest, most comprehensive data is always available. The following data is captured:

- Multiple unique authorization identifiers, including the authorization number, pre-certification number and internal tracking number
- Status of each authorization (Pending, Approved, Denied) and Referral Type (Orthopedics, Neurology, etc.)
- Diagnosis codes
- Requesting provider and practice
- Requested provider searched for, based upon the following provider selection criteria: specialty, physician practice, gender, language, facility and insurance
- Effective and expiration date of the authorization and referral
- Special instructions captured in queries or notes section
- Custom referral forms generated to meet the requirements of your organization



Auth Date	Exp Date	Authorization Num	Name	Referral Type	Insurance	Status
10/28/08		48957409	Kennedy, James	CARD	WC	PENDING
10/18/08		Track#: 0828400001	Bundy, Sierra	BC	BC	PENDING
10/09/08		Track#: 0828300001	Bundy, Sierra	HMO	BC	PENDING
10/09/08	03/18/09	Track#: 0828300002	Bundy, Sierra	PHYS	BC	EXPIRED
10/09/08		Track#: 0828300003	Brown, Jerrod	CARD	PHYS	PENDING
08/15/08		879542137	Garrison, Jessica	THERAPIST	BC	APPROVED
08/04/08		45645756	Gallow, Thomas	OUT	CIGNA	PENDING
06/12/08		78968		ALLERGY	CIGNA	APPROVED
06/12/08		4568654		THERAPIST	SP	PENDING
06/12/08		5698695		THERAPIST	CIGNA	APPROVED
06/11/08	08/11/08	546521156	Gallow, Thomas	CARD	CIGNA	EXPIRED
05/29/08		12345678910	Moon, Carol	ALLERGY	BC	APPROVED
05/20/08		123456789	Moon, Carol	ALLERGY	BC	APPROVED
05/18/08	11/09/08	123456	Moon, Carol	THERAPIST	BC	EXPIRED

Authorization and Referral Management Desktop

Integration with LSS Applications

Integration of authorizations and referrals with registration, scheduling, billing and the recording of the patient's medical account are crucial. This integration provides users with the following capabilities:

- Patient and subscriber data entered in Scheduling, Registration and Physician Billing and Receivables is transferred automatically to Authorization and Referral Management for any patient with referral and authorization activity
- Patient data in Authorization and Referral Management is linked to and updated by the Master Patient Index
- The most recent insurance verification data and authorization status flows from Scheduling and Registration to the Authorization and Referral Management database
- Authorizations and referrals are linked to scheduled appointments in Scheduling, and the system automatically reduces the number of authorized visits when the appointment is attended
- Authorization information is automatically updated throughout applications when a patient no-shows or cancels an appointment
- Schedulers are alerted in Scheduling when patients are booked for appointments beyond the authorization's expiration date or when the last remaining visit allowed by the authorization has been used or exceeded

Referral Processing, Worklists and Reminders

Users can expedite referral management functions by creating on-line worklists and reminders, enabling them to:

- Prioritize requests and expedite referral management functions, instantly seeing which referrals must be reviewed immediately
- Highlight particular issues or events for later review and processing
- Process referral worklists on-line with user-defined sort criteria
- Track multiple, concurrent authorizations

Additional Features/Reporting Capabilities

Users can download existing data from across different facilities to organize into useable formats via standard report writer capabilities. Specific functions include:

- Cumulative reporting by number of referrals, specialty, requesting/requested provider and referral type
- Production of standard reports, including standard authorization and referral and patient reports, or custom report writer routines via integration with other MEDITECH applications
- Letters created in either Rich Text or Microsoft® Word® format