

Authorization and Referral Management

Functionality Brief



The Authorization and Referral Management functionality in MEDITECH's Scheduling and Referral Management solution provides your healthcare organization with a streamlined and flexible approach to administering authorization and referral processes. Comprehensive referrals and authorizations are easily manageable and accessible during the scheduling, registration, case management, and billing processes due to MEDITECH's tight integration.

Highlights:

- Easily track and manage referrals through on-line worklists
- Automatically track and deplete your organization's services, ensuring accurate records of authorizations and referrals
- Facilitate efficient follow-up and reimbursement using proactive flags
- Electronically verify authorizations using HIPAA-compliant ANSI 278 transactions
- Track and manage multiple authorizations for inpatient and outpatient services
- Drive communication between staff and clinicians by capturing and linking codes to the authorizations and referrals
- Efficiently gather enterprise-wide information for proactive reporting

Authorization and Referral Management Enables Personnel to:

Process Referrals through On-line Worklists and Reminders

Authorization and Referral Management expedites management functions through on-line global, patient, and reminder worklists. These worklists can be filtered for individual users, departments, or across your organization and allow referral coordinators to:

- Access multiple routines from the same centralized worklist
- Instantly see which referrals must be reviewed immediately
- Check for duplicate referrals
- Highlight particular issues or events for later review and processing
- Add and amend notes to track referral status
- Process referral worklists on-line with user-defined sort criteria
- Track multiple concurrent authorizations
- Track and manage authorizations for both inpatient and outpatient services
- Create follow-up letters in either Rich Text or Microsoft Word® format.

Easily Track Authorization and Referral Data

Whether scheduling or registering patients, your staff can quickly retrieve authorizations and referrals for follow-up care, along with any pertinent information. In addition, referral coordinators can electronically verify authorizations via the HIPAA-compliant ANSI 278 transaction. The system tracks:

- Multiple unique authorization identifiers, including the authorization number, pre-certification number, and internal tracking number
- Status of each authorization (Pending, Approved, Denied)

- Referral Type (Physical Therapy, Cardiology, etc.)
- Diagnosis and CPT Codes
- Requesting provider and/or specialist
- Effective and expiration date of the authorization and referral
- Special instructions, captured in queries or a notes section
- Custom referral forms generated to meet the requirements of your organization
- A link to the patient's Electronic Health Record.

Manage Appointment and Insurance Information

Integration with Community-Wide Scheduling helps to ensure patients have the proper authorization before scheduling an appointment. Schedulers can be prevented from scheduling an appointment if patients do not have a valid authorization, or if requested dates span beyond the referral's expiration date. A Referral Check Dictionary can also be used to generate user-specified warning messages if a patient's insurance status is not active, if duplicate referrals exist, or if the referral type is not noted. Additional appointment information maintained includes:

- The number of visits approved by the patient's insurance
- The number of visits used and the services on the authorization provided
- If one or more appointments were booked against the authorization in Community-Wide Scheduling
- The remaining number of visits/services not yet performed or scheduled.

Control Authorization Access

MEDITECH enables administrators to establish viewing and editing capabilities based on the security restrictions defined in your organization's Access Dictionary. Access to authorizations and referrals is restricted by authorization status, insurance, requesting/requested provider, specialty, location, action, and referral type.

Organize Data for Proactive Reporting

Authorization and Referral Management supports the ability to download existing data from across departments and facilities and organize it into useable formats using standard reporting capabilities. Specific functions include:

- Cumulative reporting by number of referrals, specialty, requesting/requested provider, and referral type
- Production of standard and ad hoc patient reports, including Compiled Report capabilities
- The ability to pull statistical reports into electronic worklists to allow data to be managed proactively and efficiently
- Production of custom reports through the MEDITECH Report Designer.

Reap the Benefits of Integration

The integration of authorizations and referrals with registration, scheduling, billing, and the electronic medical record is crucial to ensuring patients have the appropriate authorization and allotted visits to receive a specific type of treatment. To support these efforts, Authorization and Referral Management:

- Integrates with MEDITECH's Revenue Cycle to provide both referral staff and billing officers with access to referral data
- Links to scheduled appointments in Community-Wide Scheduling and automatically depletes services when the appointment is attended
- Automatically updates no-show or cancelled appointments across the EHR
- Flags patient appointments booked beyond the authorization expiration date
- Shares authorization and referral data across the EHR
- Provides referral management capabilities for physician practices using Medical & Practice Management.

For more information about us, contact a MEDITECH Marketing Consultant.

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