MEDITECH’s Authorization and Referral Management provides central access to the functionality your staff needs to verify insurance eligibility and ensure the appropriate patient authorizations and referrals are in place to ensure reimbursement. The product is fully embedded within and integrated with Community-Wide Scheduling, Registration, Case Management, and Revenue Cycle. This integration streamlines communication between departments by providing one shared Insurance Verification Desktop, accessible to authorized users from multiple points across MEDITECH Expanse.

Process Referrals Through Online Worklists and Reminders
MEDITECH includes an Insurance Verification Desktop for managing patient authorizations and referrals. From this centralized desktop, users can process authorizations and referrals for a single account or a worklist of accounts. MEDITECH includes standard worklists, along with functionality for creating an unlimited number of custom worklists to suit specific processes and workflows. A combination of system settings and user preferences determines which worklists default for each member of your staff to improve workflow and productivity. In addition, staff can:

- Prioritize requests based on user-specified criteria.
- See in real time which referrals need immediate review.
- Highlight particular issues or events for later review and processing.
- Process referral worklists online with user-defined sort criteria.
- Track multiple concurrent authorizations.
- View and manage scanned documents associated with an authorization, including copying, moving, or editing them.
- Avoid running out of covered days for accounts with a standard worklist (Inpatient Days at Risk).
- Trigger specific authorizations to an individual user’s worklist (e.g., case manager).

Manage Appointment and Insurance Information
Tight integration with our Community-Wide Scheduling product provides users with real-time authorization information during scheduling. The system prevents users from scheduling an appointment for a patient without a valid authorization. Inactive insurances and duplicate or invalid referrals generate a warning message to alert the user.

The system also maintains appointment-related authorization and referral information, including: number of visits or units of service approved, number of visits used and the services included on the authorization, any appointments booked against the authorization, and the number of remaining visits. Your staff can also add free text notes and canned text to authorizations.
MEDITECH provides a standard ANSI 270/271 insurance eligibility interface. The 270/271 is generated directly out of MEDITECH during pre-registration or registration, as well as from the insurance worklist. The 270 interface communicates with a clearinghouse to identify if a patient is covered by a particular insurance. Facilities can also link the 270 outbound message directly to a payer for communication. The 271 inbound message automatically posts the insurance policy data onto the patient’s visit information.

**Organize Data for Proactive Reporting**

An Insurance Verification Statistical Desktop provides access to authorization and referral-related statistical data for your organization. You can sort and view authorization and referral statistics for various combinations of dates, insurances, locations, referral types, and statuses. You can group all types of statistics by a daily, monthly, GL period, or yearly basis. You can access data from across departments and facilities, and organize it into usable formats through standard reporting capabilities. Specific reporting features include:

- Cumulative reporting by number of referrals, specialty, requesting/requested provider, and referral type.
- Production of standard reports, statistical desktop views, and ad hoc patient reports — including selection reports through MEDITECH's Report Designer.
- Statistical desktop views, which can be compiled and directed to electronic worklists for proactive, efficient data management.
- An inherent report scheduling feature to run frequently-used reports without user intervention.

**Benefit From System-Wide Integration**

Deep integration with our Registration, Community-Wide Scheduling, Case Management, Revenue Cycle, and Ambulatory products is critical to ensuring that patients have both the authorization for treatment and the visits allotted for them to receive that treatment. Integration benefits include the following:

- Authorizations and referrals can be created, edited, or viewed during appointment booking, whether through Community-Wide Scheduling or Ambulatory.
- Community-Wide Scheduling depletes allotted services in Authorization and Referral Management when an appointment is attended.
- Community-Wide Scheduling flags patient appointments booked beyond the authorization expiration date.
- Billing staff can access provider referral data from within Revenue Cycle.
- Case managers can create, edit, and view authorizations/referrals from the Case Manager Desktop.
- A direct link from Authorization and Referral Management to the Electronic Health Record enables staff to easily review any physician/nursing documentation from a central desktop.

For more information, contact a MEDITECH Marketing Consultant.