Order Manager
Orders in Order

What to look for in a solution

An orders management solution that connects both employed and community physicians to the hospital. A solution that provides an electronic bridge between the hospital and the referring providers for outpatient order submittal, receipt and tracking.

The ability to capture all orders by accepting three distinct submission methods:
- Physician office EMR integration
- Online order entry via the web portal
- Fax communications
- Results Delivery

Once orders are received in this centralized solution, they need to be made available to any/all departments throughout the hospital using robust and customizable work queues. An orders system not only needs to accepts inbound HL7 order messages, but also needs to have the ability to send an HL7 orders message to third party systems.
Value Proposition

- Improved customer service by eliminating delays upon patient arrival.
- Improved efficiencies by eliminating callbacks to physician offices
- Reduced claim denials and write-offs
  - Checking all orders for medical necessity
  - Rules/triggers assuring authorizations are obtained before procedure is performed
- Increased physician and patient satisfaction
- Increased orders from physicians by making access easier to your hospital
- Increased Revenue

Features to look for:
EMR HL7 Orders Interface

1) Physician office can send order to hospital directly from EMR
2) Hospital receives order from physician EMR and coordinates scheduling appointment
3) The order is now available to all required users and departments
Features to look for:

**Integrated Faxing Solution**

1) **Fax Server**
   - Physician office can fax order to hospital and the faxed order is stored in a Fax Server

2) Facility receives faxed order in real-time, indexes fax or and coordinates scheduling appointment

3) The order is now available to all required users and departments

**Order Management System**

1) Fax Server
2) Facility receives faxed order in real-time, indexes fax or and coordinates scheduling appointment
3) The order is now available to all required users and departments

**Web Portal for order entry**

1) Physician office submits order utilizing Web Portal for order entry

3) Physician offices get real-time communication, status updates on order, appointment date/time

2) Facility receives complete, signed order and coordinates scheduling appointment

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Features to look for: Order integration with financial clearance tools

1) EMR Integration
2) Fax from MD Office
3) Order Entry Using Web Portal

The order can be checked for patient identity verification, eligibility, medical necessity, prior authorizations, payment estimates, etc.

Exceptions are automatically sent to work queues allowing user an exceptions based workflow.

Single Platform / End-to-End Solution Suite
Order Management System

Exceptions Work Queues
- Orders
- Patient Identity Verification
- Eligibility
- Medical Necessity
- Authorization Management
- Patient Estimates

Benefits of Order Management System

- Single repository for ALL orders
- Automation to a very manual process
- Eliminate hunting for lost orders and the time spent tracking orders
- Eliminate going from system to system trying to clear an order
- Automation of routing clean orders to departmental work queues if desired
- Provide customized workflows based upon specific needs and policies
- Improved Care Coordination Efforts
- Strengthened physician network – it’s easy to do business with you!
- Greater visibility into order patterns and possible leakage
- Ability to send results back to the physician EMR
Ensuring Payment Certainty for your Prior Authorizations

For Client name

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Prior Authorizations – What is the problem?
- Understand the story

Authorization Management – Solutions
- Is prior authorization required?
- Has a prior authorization been initiated?
  - Monitoring the status of a submission
- Initiating a submission
  - Phone/Fax
  - Electronic
- Monitoring for changes in service
- Post-Back
  - Get it on the claim!

Agenda
What is the problem? Astronomical Costs & Antiquated Processes

- $31 billion per year spent dealing with prior authorizations
- $68,274 average/physician/year

Non-reimbursed time costs:
- 50 minutes/event
- Physician – 3 hours/week
- PCP – 3.6 hours/week
- Nurse/LPN/MA – 13.1 hours/physician/week
- Clerical – 5.6 hours/physician/week

What is the problem? It's all Manual Processes!
What to look for in a solution

- Determining if an authorization is or is not required for the procedure being ordered
- Inquiries and Submission
  - Submitting the initial request
  - Checking payer for auth status
- Integrated faxing solution
- Confirmation of payer response
- Authorization Reconciliation – Identifying procedures that may change midstream

Is an authorization required?

Authorization Knowledgebase

- With an ADT, orders and/or scheduling interface into the knowledgebase, you want a system that can determine if an authorization is required without any user intervention.
- Lookup can also be performed manually by CPT code or procedure description.
- Users have access to the most up-to-date requirement information.
- Has a national payer database built into the system in which all rules for these payers are maintained by the Vendor.
- Ability to modify national payer rules
- Build additional payers (national, regional, local, etc.) into the knowledgebase as needed.
Automated Inquiries

Authorization Inquiries

Inquiries are 100% automated and take place behind the scenes without user intervention
- Automatically checks to see whether a PA exists
- Automatically monitors the status of an existing PA

Exception-based workflow, system does the work, you do the follow up if necessary
- Data then posts back directly to client’s registration system (i.e. Referral Status, Auth Number, Authorized Number of Visits and Effective Dates).

Initiating a submission via payer website

Electronic / Payer Website

Facilitated submissions
- Launch payer site
- Log user in
- Look up patient, enter discrete data received through interfaces
- Guide user through remaining steps

- Auto-Inquiry picks up once submission complete
Initiating a submission via Fax

Fax Payer
• Integrated faxing solution
• Create/store payer specific forms
• Tracked in same work queue structure as electronic submissions
• Status and alerting options to facilitate user follow-up and tracking

Phone/Call Payer
• Customizable pop up for users

Screenshot of Payer Response
Additional Functionality to Consider

Authorization Reconciliation

- This service tracks the delta between the authorized CPT and the performed CPT.
- The ability to track the effective date of service for authorizations. If a patient cancels an appointment and reschedules outside the authorized effective date of service, the system will notify a user that a new authorization is required.

Manual Processes Automated

- Authorization knowledgebase will determine if an authorization is required without any user intervention.
- User will no longer have to log onto multiple payer websites. The system will facilitate submissions to these payers. The only time a user needs to interact during the submission process is when the payer is requesting additional information that is not in the system. (i.e. clinicals, labs, etc.)
- Once submitted, the system will continually monitor the status of all authorizations until in a final status. (i.e. authorized, denied, cancelled, etc.)
- When a response is received from the payer, the system can then automatically post the authorization detail directly back into the client’s HIS. The authorization detail that can automatically post back includes the following:
  - Referral Status, Auth Number, Authorized Number of Visits, Effective Dates
- Each time that a response is received from the payer, the system captures a screenshot of the response. That screenshot can then also be interfaced back to the client’s document imaging system.
Questions?

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