

## **eORders Features and Benefits**

This document maps many of the eORders features to specific benefits to Patients, Physicians and Healthcare Organizations.

### **Promoting Growth in Surgical Volumes**

The following features make it easier for physician offices to do business with each facility that offer eORders, resulting in increased surgical and procedure volumes.

- OR Availability Broadcast – Provides facilities the ability to broadcast availability of OR rooms and times to all or selected physician offices thereby allowing facilities to fill rooms that otherwise may have gone unused. Particularly useful for advertising block times released by other physicians.
- Surgery Grid View – Allows physician offices a view into the facility's surgery grid in real time. This gives physician offices a view into availability and occupancy of the OR rooms thereby drastically reducing the calls to the facility's scheduling department and easing the scheduling process. Particularly valuable for non block time physicians to be able to schedule cases without having to call the facility.

### **Promoting Growth in Ancillary Business**

- eORders is not just for surgery and invasive procedures; it can also be used for orders for diagnostic tests. Experience has shown, that physicians that schedule surgery and other invasive procedures are more likely to actually schedule the associated diagnostic tests at the same facility. eORders seamlessly integrates diagnostic test ordering into the process helping increase volumes to each facility offering eORders.

### **Significantly Reduce Denials and Payment Reductions - Revenue Cycle**

The following revenue cycle features supplement an organization's revenue cycle functions, not replace them:

- Insurance Eligibility and Benefits Verification – This transaction is automatically initiated at the time the surgery or procedure request is submitted by the physician's office. The outcome is displayed on both the physician and Facility side. This can help identify insurance coverage inaccuracies, gaps or out-of-network situations and help inform a patient of their financial obligation early in the process.
- Precertification Initiation – For participating payers, this transaction is automatically initiated when the surgery request is confirmed by the hospital. This reduces the incidence of the healthcare organization having to prompt the physician to initiate the precertification, which often occurs at the last minute, risking having to cancel or reschedule the case. The outcome is displayed on both the physician and Facility side. HealthNautica is able to track precertifications to ensure timely completion helping to eliminate denials and payment reductions.
- CMS Medical Necessity – Executed at the time the surgery or procedure request is submitted by the physician's office, helps reduce the incidence of failed medical necessity and the need for issuing ABNs. The outcome is displayed on both the physician and Facility side.

### Revenue Cycle (Cont.):

- CMS Medical Necessity Documentation Requirements for Total Joint Surgeries – Triggered by CPT codes, the physician office must document the necessity for total joint surgery per CMS guidelines in MLN SE 1236. This avoids the potential for RAC audit adjustment recoveries.
- CMS Medical Necessity Documentation Requirements for Pain Procedures – Triggered by CPT codes, the physician office must document pain procedures per CMS guidelines. This avoids the potential for RAC repayments.
- CMS Inpatient List – Triggered by CPT codes, the physician office is alerted if the concerned surgery belongs to the CMS Inpatient List. Physician office is therefore also required to choose appropriate Level of Care. Such procedures are also visually indicated for attention. This eliminates denials due to incorrect Level of Care.
- Commercial Payer (e.g. United Healthcare) ASC Procedure Alerts – Triggered by CPT codes for specific payers, the physician office is alerted if the selected surgery is preferred by the payer to be performed in an ASC setting vs. Hospital setting. Such procedures are also visually indicated for attention. This eliminates denials due to incorrect facility setting for the specific surgeries or triggers the need to capture precertification.
- Detect and Handle Out-of-Network Payers – Physician offices as well as Facility staff are alerted if the payer is deemed to be out-of-network (OON). On the front-end, OON detection is based upon payer name and member ID prefix patterns. On the back-end, OON detection is based upon insurance carrier codes received in HL7 ADT upon patient pre-registration. This not only eliminates denials or payment reductions to the hospitals and physicians but also avoids higher OON costs for the patients
- SCIP Measures – eORders results in improved SCIP scores which impacts Facility Value-Based Purchasing Program (VBP) favorably.
- State Medicaid Preauthorization Requirements – Triggered by CPT codes, the physician office must document the necessity for elective CABG and Spine surgeries per Illinois Medicaid guidelines.

### Coordinating Care

Surgery is a complex event that requires coordination with multiple entities as described below:

- Payers – Insurance Eligibility Verification and Precertification are the two transactions that are conducted with the payers.
- Vendor Reps – Surgeries may require one or more vendor reps for outside services (e.g. implants, navigation), in the OR room. Timely notification of the event including changes, if any, are very important to avoid on-time start delays and last minute reschedules or cancellations. eORders allows both providers and the hospitals to initiate electronic communication with the Vendor Reps. This can be read by the Reps on any device such as a phone, tablet or PC. The response from the Reps is immediately conveyed to both the physician and the hospital.
- PCPs – All surgeries require an H&P that is less than 30 days old. These typically come from the patient's PCP (and not the surgeon). Hence it is important to alert the PCP about the surgery and request the H&P to avoid unwarranted cancellations or reschedules.

### Coordinating Care (Cont.)

- Specialists – Based on organization protocol and patient comorbidities, an anesthesiologist review of the incoming request, H&P, and/or the preoperative test results may dictate that medical clearances be obtained for the concerned patient. eORders will facilitate automatic alert/s to the specialist/s for medical clearance/s. Such timely action will often avoid unnecessary cancellations or reschedules.
- Patients – eORders engages with patients from pre through post operative period to improve both the patient experience and care. In the preoperative period, patient is first alerted to the scheduled date of the procedure and encouraged to pre-register online. Later, typically the day before the surgery, the patient is alerted about the Arrival Time along with the link to the Pre-Operative Instructions. In the post operative period, care instructions and surveys can be conveyed to the patient.
- Family Members – Communicating with a patient’s family is often hit or miss. Clinicians often have to make multiple attempts to find family members and inform them of the status of the patient (entering the OR, out of OR in PACU, etc.) With eORders Patient status updates can be texted to the family members so they are constantly updated on a patient’s status without having to be present in the family waiting room.

### Improving Surgical Outcomes

The following clinical edits are embedded in eORders to improve surgical outcomes:

- VTE Measures – To ensure prevention of blood clots.
- SCIP Measures – To ensure timely start and termination of antibiotics.
- ACS NSQIP Measures – To prevent renal failures.
- SSI Measures – Clipping instructions to prevent surgical site infections.
- Protocols – To ensure initiation of appropriate care protocols.
- Laterality Trigger Based Upon CPT Codes – To ensure additional safety.
- Customized Standing Orders – To ensure clarity for safety.
- CPT Triggers – To ensure patient safety with laterality enforcement if applicable.

### Reducing Reschedules and 24-hour Cancellation Rate

- Patient Readiness Tracking dashboard allows both the physician office and the facility to quickly identify and track cases that are shown as not yet ready for their surgery. The items that are tracked are configurable but typically include: Insurance Eligibility, Pre-Certification, Pre Admission Testing, H&P, Clearances and Vendor Rep Notification. Patient Readiness status is now also available to physicians on mobile devices through the eORdersNOW app.
- Staying engaged with the patient and all other parties involved in the surgery is critical to ensuring that a surgery doesn’t have to be postponed for avoidable reasons. The entailing reduction in 24-hour cancellation rates not only improves the financial bottom line for both the facility and the physician but also ensures a better experience for the patients and the providers.

## Improving Operational Efficiencies

- Facility Side
  - Configurable online surgery and procedure forms designed to facility's requirements and processes. Administrative and clinical edits and protocols are also enforced.
  - Automatic verification of insurance eligibility.
  - Automatic initiation and tracking of precertification completion.
  - Support electronic notification to patients, via email and text messages, including:
    - Pre-Register online
    - Arrival Time and Preoperative Instructions
    - Postoperative patient surveys as well as discharge care instructions
  - Print patient consent for invasive surgery or procedure and anesthesia.
  - **Enhanced alerts - based on any of the data elements entered on the form. Configurable alerts can insure that things don't slip through the cracks.**
  - **Enhanced routing - based on any of the data elements entered on the form. Configurable worklists can be generated** (i.e. Pharmacy, Radiology, Material Management, etc.)
  - Support non-urgent communication with the physician office via messaging.
  - HL7 ADT integration (i.e. registration feed) results in automatic transfer of the encounter identifier (e.g. FIN) generated by the facility EMR to physician offices. It also triggers out-of-network detection and payer specific rules pertaining to precertification.
  
- Physician Side
  - Interactive form and user interface to help get it right the first time. Ability to provide reference information to ordering physician based on data being entered.
  - Mobile app displaying Surgery Calendar and surgery details along with the patient readiness status.
  - Update, cancel, and reactivate cases with a single click.
  - All changes are tracked, clearly marked and highlighted.
  - Authenticated access from any location and device with Internet access.
  - Release block time electronically.
  - Customized standing orders and attachments.
  - Automatic verification of insurance eligibility.
  - Automatic initiation of precertification.
  - Automated checking of CMS Medical Necessity at the time of ordering.
  - Print patient consent for invasive surgery or procedure and anesthesia.

### **Promoting Standardization to Reduce Costs**

eORders can easily enforce facility rules and guidelines in the following areas to encourage standardization and reduce costs:

- Implants
- Special Equipment

### **Improving Patient Experience**

Staying engaged with the patient and all other parties involved in the surgery is critical to ensuring that a surgery doesn't have to be postponed for unwarranted reasons.

- Pre-Registration – Patient is encouraged via both email and text message to pre-register online from any place that is convenient and private and at a time that is best. It can be started, saved and completed at a later date.
- Arrival Time Notification – Not only is the Arrival Time conveyed by both email and text but so are time changes if any.
- Preoperative Instructions – Customized preoperative instructions driven by type of anesthesia, level of care and CPT are conveyed via both email and text message. Patients can conveniently access and peruse the instructions. Patient access is documented and can be reviewed by facility.
- Status Updates – Family members can be updated about patient status via text messages.
- Postoperative Surveys – Patients can complete and submit postoperative surveys online from any device at a time that is convenient and private.
- Postoperative Care Instructions – Customized postoperative care instructions, if applicable, can be conveyed via both email and text message.