

## A web-based application that manage authorization which integrates clinical and rule based criteria.

**q.Auth** provides an extensive benefit of authorization management with capability of streaming all information and processing all into one comprehensive system.

### Inpatient Services

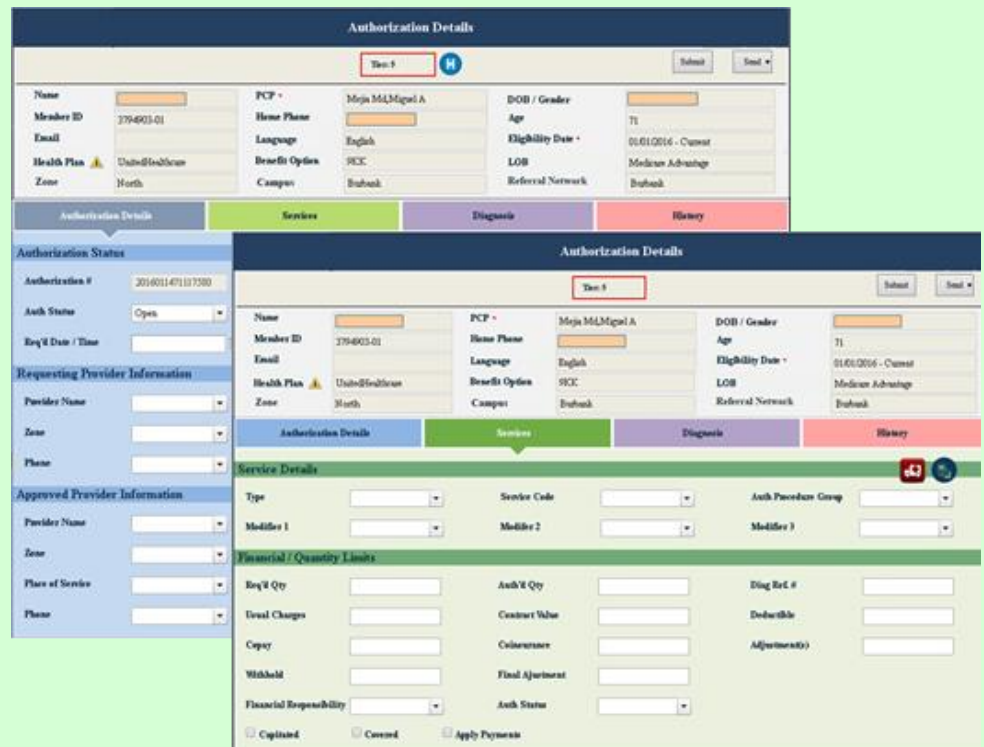
- Ability to show all reconciled and unreconciled drugs for the last 6 months;
- Lists all Specialists who have seen the patient;
- Patient's Treatment Protocol;
- All inpatient authorizations are mapped to the inpatient case entered by Case Management.
- Claims are not tied to close authorizations.

### Outpatient Services

- Outpatient referral requests for all specialties include all requested services.
- Authorization is categorized by the requested specialty and service type.

q.Auth helps the selection rule based on criteria with priority:

- Services rendered
- An outpatient hospital setting
- An inpatient hospital setting
- Provider quality



The screenshot displays the 'Authorization Details' form in the q.Auth application. It is divided into several sections:

- Authorization Details (Top):** Contains patient information such as Name, Member ID (3794023-01), PCP (Mejia M.Miguel A), Home Phone, Language (English), Benefit Option (SECC), and Referral Network (Dubuak). It also includes fields for DOB / Gender, Age, Eligibility Date (01/01/2016 - Current), LOB (Medicare Advantage), and Referral Network (Dubuak).
- Authorization Status (Left Panel):** Shows the Authorization # (3016011471137300), Auth Status (Open), and Requesting Provider Information (Provider Name, Zone, Phone).
- Approved Provider Information (Left Panel):** Shows fields for Provider Name, Zone, Place of Service, and Phone.
- Service Details (Bottom):** Includes fields for Type, Service Code, Auth Procedure Group, Modifier 1, Modifier 2, Modifier 3, Req'd Qty, Auth'd Qty, Ding Ref #, Usual Charge, Contract Value, Deductible, Copay, Coinsurance, Adjustment(s), Withheld, Final Adjustment, Financial Responsibility, and Auth Status. There are also checkboxes for Copitated, Covered, and Apply Payment.

Authorizations are entered by the requested specialty and service type (CPT code groupings)

- Request for referral are populated with the appropriate/applicable clinical values
- Request for referral are classified invasive or non-invasive