athenahealth

Service Description Spring 2025 Release Edition

athenaOne® Authorization Management

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Contents

Introduction

This document describes athenaOne® Authorization Management, including the division of responsibilities between you and athenahealth®. This document and the athenaOne Product Service Description apply to all clients who sign an athenahealth services agreement for Authorization Management.

In order to use Authorization Management, you must also use the athenaCollector® and athenaClinicals® services or athenaOne® for Hospitals & Health Systems. Authorization Management is an optional add-on service for athenaCollector and athenaClinicals but is included in athenaOne for Hospitals & Health Systems. This document is intended to serve as an addition to the athenaCollector Service Description, athenaClinicals Service Description, and athenaOne for Hospitals & Health Systems Service Description and does not replace those documents.

Change Summary

This document supersedes any earlier service descriptions for Authorization Management. This document will remain in effect until superseded by a subsequent version. Before relying on this document, please confirm with athenahealth that this is the most recently published version.

Spring 2025 Release

- **Section 1. "Onboarding".**
    - Added "Procedure Code Mapping" subsection.

Minor edits to wording or punctuation are not listed. For all changes prior to the publication of this service description, please see the "Complete Change Summary" posted at https://success.athenahealth.com/s/article/000091985.

The remainder of this document is referred to as a "Service Description" in the athenahealth services agreement and is legally binding on clients that sign an athenahealth services agreement that includes Authorization Management. "We" and "our" refer to athenahealth. "You" and "yours" refers to the organization signing the athenahealth services agreement and its staff. Capitalized terms used but not defined in this document have the meanings assigned to them in your athenahealth services agreement.

athenahealth is in the process of rebranding the platforms used to provide our services from "athenaNet" to "athenaOne." All references to "athenaNet" in your athenahealth agreement are now replaced with a reference to "athenaOne." The suite of services consisting of athenaClinicals, athenaCollector, and athenaCommunicator (formerly known as "athenaOne") is now known as "athenaOne Base."

Co-sourcing. "Co-sourcing" is the division of labor between you and athenahealth that is embodied in Authorization Management. The parties will treat each other respectfully and professionally and shall not engage in discriminatory, harassing, threatening, or otherwise inappropriate conduct.

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1 Onboarding

During onboarding, when you are first set up and trained on the authorization management service, your Onboarding Team will work with you to gather some routine items and provide information to you and your organization that will help athenahealth perform the authorization management service. This will typically include:

Onboarding Step	Description	Elements
Assessment	Your Onboarding Team will gather information needed for your review.	• Current list of receivers • Payer portal logins • Workflow review • Procedure code mapping list
Training	We will provide you with support and collateral needed to get the necessary staff members familiar with Authorization Management and how it works with your organization. Prior to launch, we will provide you with your go-live authorization acknowledging the completion of all required deliverables to ensure readiness.	• Quick reference guide(s) • Introductory On-Demand Recording • Project Manager-led End User Training
Launch	On your Authorization Management Go-Live Date, we will begin to handle your authorization work. We will provide support for any service-related questions.	• Live WebEx support sessions • Review performance summaries 1 week and 4 weeks post live
Support	Your ongoing Authorization Management will be supported by your regular customer success manager or team	• Authorization Management Resource Desk will provide additional expertise as needed • 1:1 Administrative Coaching available via CaTS, upon request post go-live

Please see the athenaOne Product Service Description on Success Community for additional information about the onboarding process: https://success.athenahealth.com/s/article/000091979.

New athenahealth Clients. When you include Authorization Management in your athenahealth suite of services, it is added to the onboarding process for athenaClinicals, athenaCollector, athenaOne for Hospitals & Health Systems, and any other services you purchase. This onboarding process is described in more detail in the athenaOne Product Service Description. Your Onboarding Team is available to you as needed during your Onboarding.

Existing athenahealth Clients. When you add Authorization Management to your existing suite of athenahealth services, we provide a project team to help you get started with your new service.

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Procedure Code Mapping. athenahealth provides default procedure code mapping for Authorization Management. Clients have the ability to override athenahealth's default procedure code mapping either through the utilization of the Local CPT Mapping admin table or Order Sets. Procedure code mappings created in the Local CPT Mapping admin page will override athenahealth's default mapping, and procedure codes added to order sets will override default and locally mapped procedure code mappings. For clients utilizing athenahealth's default CPT mapping, a certified coder will review orders requiring authorization when multiple procedure codes are listed. The certified coder will review documentation associated with the order and determine the most appropriate procedure code(s) to have authorized by the payer. If the certified coder is unable to determine the appropriate procedure code(s), then the Client will be asked to select the appropriate procedure code(s) for the order.

Department Add-Ons. If after your Authorization Management Go-Live Date you have a Department Add-on, you are required to notify us. Some Department Add-ons may require additional training, changes to your athenaOne configuration, or other services. Onboarding services for a Department Add-on may include:

- Training
- Go-Live support
- athenaOne configuration recommendations or Quality Assurance (QA)
- Operational or workflow assessments of your organization and/or additional departments
- Project management and oversight

We treat all Department Add-Ons as a new onboarding and a signed service order form is required. Department Add-ons may also affect your Service Fee and may require a contract amendment.

2 Access to Authorization Management

Hours of Operation. Pre-Certification Processing and Referral Processing services are provided during payer hours of operation. If we need to take the service down for maintenance, we notify all users of Authorization Management.

athenaOne Emergency Edition. Authorization Management is not currently available through a redundant emergency edition.

See the athenaOne Product Service Description for specific information on accessing athenaOne, located on the Success Community: https://success.athenahealth.com/s/article/000091979.

3 Pre-Certification Processing

We perform the following tasks, which together comprise our Pre-Certification processing service for outbound orders from your medical practice or clinic created after your Authorization Management go live:

Screening Payer Requirements. When a physician at your practice or clinic creates an Order for a medical service (surgery, procedure, imaging), for the current date or a future date of service, we check authorization requirements for the procedure codes associated with the Order against the insurance package listed on the order. Client is

responsible for ensuring the accurate insurance package is listed on the patient's quickview, patient eligibility confirmation, and verification of patient's benefits prior to order creation. We assume that both the rendering provider and receiving facility are both credentialed and in-network and we require additional notification if they are not credentialed or in-network. We do not authorize durable medical equipment (DME), pre-certifications for therapy, prescription medications (see athenaOne Base Service Description), lab orders, or point-of-care tests (POCT).

Transmitting Clinical Documentation. If it is determined that the payer requires a Pre-Certification, we determine what documentation is needed to support clinical necessity, extract the appropriate documentation from athenaClinicals, and transmit the documentation to the payer.

Communicating with Third-Party Payers. When communicating with third-party payers, our staff identify themselves as your representatives and follows all applicable policies, directions, rules, and requirements of such third-party payers known by athenahealth. You must also provide us with any necessary login information to payer websites. You must obtain all necessary consents from payers for athenahealth to act on your behalf in this manner. We will do our best to obtain Pre-Certifications on your behalf within this framework.

Obtaining the Pre-Certification Number. Once we obtain the Pre-Certification number, athenahealth adds the Pre-Certification information to the Order and the patient's list of Pre-Certifications in athenaCollector. For instances where Pre-Certifications are not required, we will provide a payer reference number when it is available. Should the practice enable the practice setting 'Authorization Management: Store Not Required Authorizations in Quickview', all authorization outcomes will be added to the patient's list of Pre-Certifications in athenaCollector. We do not process retro- authorizations, pre-determinations, or authorization appeals. athenahealth is responsible for obtaining the pre-certification. You are responsible for the appropriate patient care, documentation, and use of the pre-certification in the revenue cycle. Authorization tasks for pre-certifications that remain in a "Needs Practice Attention" status 60 days past the date of service will be automatically cancelled.

Outbound Pre-Certifications. We only process pre-certifications for care prescribed by your physicians and created in athenaClinicals as orders (outbound orders). We do not authorize services created by external physicians that will be delivered in your office (inbound orders).

Excluded Payers. We do not complete Pre-Certifications for international payers, Independent Practice Associations (IPAs), Legal, Contract and/or Corporate Billing payers.

4 Referral Processing

We perform the following tasks, which together comprise our Referral processing service for outbound orders from your medical practice or clinic created after your Authorization Management go live:

Screening Payer Requirements. When a primary care physician (PCP) at your practice, or a provider under the supervision of the PCP, orders a specialist consultation in athenaClinicals for the current date or a future date-of-service, we check referral requirements for the procedure codes associated with the Order against the insurance

package listed on the order. Client is responsible for ensuring the accurate insurance package is listed on the patient's quickview, eligibility confirmation, and verification of patient's benefits prior to order creation.

Communicating with Third-Party Payers. When communicating with third-party payers, our staff identifies themselves as your representatives and follows all applicable policies, directions, rules, and requirements of such third-party payers as known to athenahealth. You must also provide us with any necessary login information to payer websites. You must obtain all necessary consents from payers for athenahealth to act on your behalf in this manner. We will do our best to obtain Referrals on your behalf within this framework.

Recording the Referral Information. If we determine that a Referral is required, we process the Referral on behalf of the PCP. We record the Referral, number of visits approved, active dates for the Referral, and Referral number (if provided by the payer) in athenaCollector. Should the practice enable the practice setting 'Authorization Management: Store Not Required Authorizations in Quickview', all referral outcomes will be added to the patient's list of referrals in athenaCollector. We do not process retro- authorizations or authorization appeals. athenahealth is responsible for obtaining the referral. You are responsible for the appropriate patient care, documentation and use of the referral in the revenue cycle. Authorization tasks for referrals that remain in a "Needs Practice Attention" status 60 days past the date of service will be automatically cancelled.

Outbound Referrals. We only process Outbound Referrals. We can process referrals placed by mid-level providers, but you are responsible for ensuring that the order is placed under appropriate supervision. We do not process Inbound Referrals. We cannot process referrals sent by a specialist at your medical practice or clinic to another consulting physician.

Excluded Payers. We do not complete Referrals for international payers, Independent Practice Associations (IPAs), Legal, Contract, and/or Corporate Billing payers.

5 Inbound Referrals

Authorization determination engine outcomes will be available on either a patient's quickview or inbound, clinical documents labeled as "admin-inbound referral" for referrals received by specialists contracted for athenaOne Authorization Management. When available, practices will be informed when a referral is not required or when payer outreach for referral obtainment needs to be performed by the practice. When available, athenahealth will provide a determination of referral requirement only, the practice is responsible for ensuring a referral is on file before patient care is rendered.

Appendix 1: Glossary

Date of Service: refers to the date recorded in athenaClinicals that represents the date of the scheduled patient appointment related to the Order.

Department Add-On: addition of a new location, specialty, or ancillary service to your organization that will use Authorization Management following your Authorization Management Go-Live Date. Common examples of Department Add-ons include: bringing up a department that was not open/doing business at the time of Authorization Management Go-Live Date or opening an off-site imaging center or ambulatory surgery center.

Go-Live Date: with respect to Authorization Management, the day athenahealth begins to process Outbound Pre-Certifications and Outbound Referrals.

Inbound Pre-Certifications: a Pre-Certification Processing request for medical services ordered by a physician from outside of your organization.

Inbound Referrals: a Referral Processing request sent to a specialist within your organization from a PCP outside your organization.

Independent Physician Association (IPA): a business entity organized and owned by a network of independent physician practices s in a region or community that are contracted with health plans and hospitals to provide complete care to members at discounted fees or on a capitation basis. Policies are typically HMOs (commercial, Medicare, or Medicaid), where members must first select a Primary Care Physician (PCP), who belongs to an IPA.

Onboarding Team: during onboarding, an athenahealth employee from the Onboarding Team who will guide you through adding Authorization Management to your workflow.

Order: with respect to Authorization Management, an Order created in athenaClinicals for a provider to perform or provide any of the following: Surgery, Procedure, Imaging, or Consultation.

Outbound Pre-Certification: a Pre-Certification Processing request for medical services ordered by a physician in your organization.

Outbound Referral: a Referral Processing request sent to a specialist outside of your organization, ordered by a PCP within your organization.

Point-of-care Tests (POCT): orders setup as “Office Order” types in Clinical Admin and selected as a POCT in an encounter or an order group.

Pre-Certification: the process of getting approval from the patient’s applicable payer before the patient receives a certain medical service or procedure (e.g., surgery, procedure, or imaging), in order to determine what is covered by the payer before the medical service or procedure is performed. Payers often require supporting clinical documentation to decide whether to authorize the requested service or procedure. If the service or procedure is approved, the payer will issue a Pre-Certification number (also referred to as the “authorization” number).

Referrals: the primary care physician's process for directing a patient to a specialist for further evaluation and/or treatment. Many payers require a PCP Referral for consults. A PCP Referral often consists of the following Referral information: PCP name, PCP NPI number, reason for Referral, number of visits approved, and supporting clinical documentation. Also, based on the reason for the Referral and the type of insurance the patient has, the specialist visit may require a Pre-Certification from the payer.

Retro-authorizations: requests for an authorization or changes to an existing authorization after the service has been performed.

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