

To: All WRS Users

From: WRS Development Team

Date: 08/10/16

Re: Updates to the WRS Health System

WRS is proud to announce the release of a host of new and enhanced features, including the integrated functionality for electronic prior authorization for medications (EPA). Below is an explanation of added items and instructions on how to enable and use each of them.

#### In This Release...

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Electronic Pre-Authorization for Medications		
<u>Defaulted Unknown</u> <u>Provider</u>	Order Transaction Error Queue	<u>Lab Order</u> <u>Requisition</u>
Expected Date of Completion (DOC)	Surgery Management Queue	Specify Provider on Portal Messages

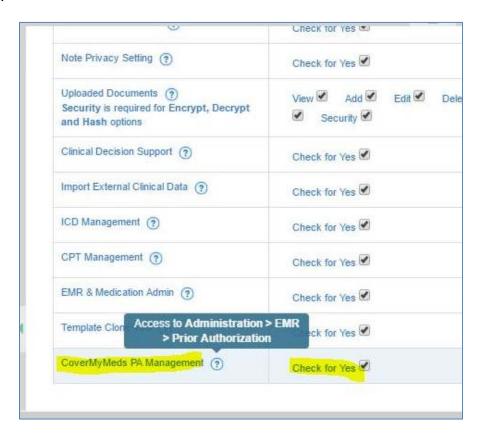
# **Electronic Pre-Authorization for Medications (EPA)**

WRS Health has partnered with recognized industry leader, CoverMyMeds (CMM), to offer clients an effective new solution the notification, creation and tracking of required electronic prior authorization for medications. Use of this functionality eliminates the need to manually log into external EPA websites and minimizes disruption of your clinical workflow. This is service is available to all practices using the WRS Health EMR at no additional cost.

In order to use this new EPA functionality, permissions must be enabled for select practice users. This is done under ADMINISTRATION>RESOURCE MANAGEMENT>[Resource Name]

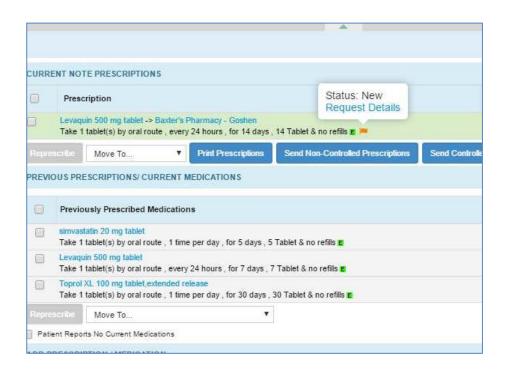
RESOURCE>PERMISSIONS>EMR>CoverMyMeds, select the permission checkbox and Save. WRS advises that only users who require access the Prior Authorization Queue should be activated with this permission.

Once enabled, each time an applicable medication is added needing an EPA, all enabled practice users will be altered via "active" task. Note that providers may not need to have these permissions, as they are already able to view the information directly from the Medication Page when prescribing. As such, providers may not want to be subject to popup tasks every time a new prior authorization has been created.

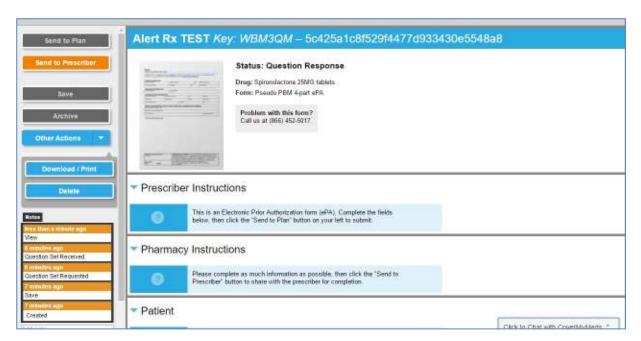


On the Medication Page, using any note type, the action of "Add as Prescription" now automatically triggers a behind-the-scenes check to find out if a Prior Authorization is needed for that medication. This check is done in real-time, along with any formulary checks, allergy and/or interactions and contraindications. Note that the patient must have Insurance information entered in WRS under Patient Management. It is also suggested that eligibility checking has also been completed. This requires the insurance information to be updated prior to the appointment for all patients.

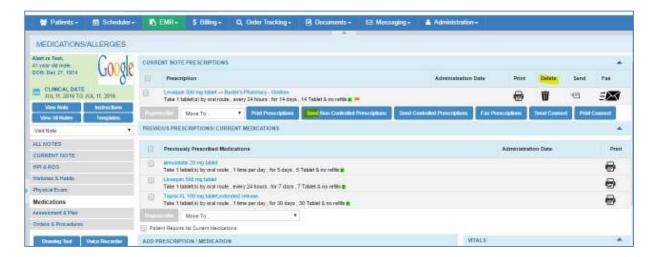
Once the medication has been added as a prescription and loaded under the "Current Note Prescriptions," if a prior authorization was created a small orange "flag" icon will appear to the right of the SIG details. This flag is the CMM alert. Clicking it will allow access Request Details, opening a new page for the CoverMyMeds website for that patient and medication. All practice users will be able to view this icon, regardless of permissions.



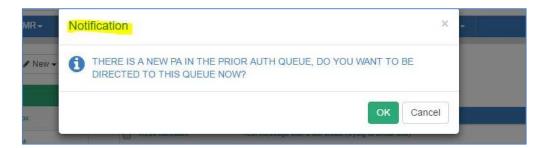
New page with popup to CoverMyMeds website:



If a Prior Authorization has been created for a medication, the provider can elect to continue with the medication and send electronically; or delete and create a new/different prescription for the patient. If the "prescription" is deleted, prior to sending electronically, the PA created will also be deleted from the PA Queue.



All users with CMM permissions enabled will receive an immediate popup that alerts them a new PA (prior authorization) has been created. They can elect to navigate to the PA Queue (select OK), or close and access the queue at a later time (select Cancel). If you navigate to the PA Queue from the alert message, the Queue will open to NEW PA's (recently created, and no action has been done on them). If you navigate to the PA Queue from the EMR Menu, the Queue will open to ALL (all PA's will be listed in chronological order (newest to oldest).

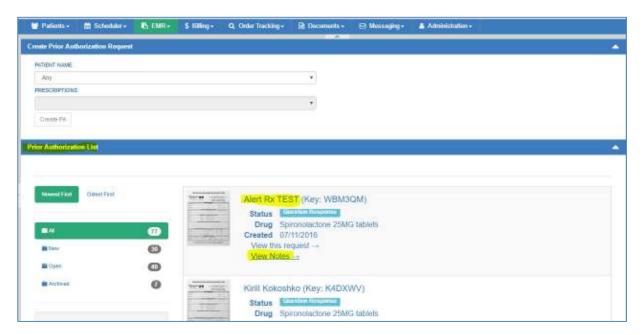


For those staff members that have CMM Permissions, they will be able to access the Prior Authorization Queue at any time from EMR>PRIOR AUTHORIZATION menu:

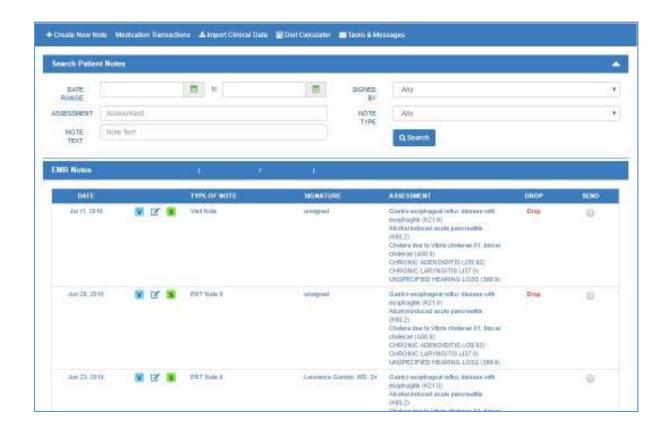


The Prior Authorization Queue will open to list all patients queued, with any status (see ALL heading). You can also select headings to view NEW (those newly created PA's), OPEN (all open/pending PA's), and ARCHIVED (those PA's that are closed or completed)

The Patient Information will advise the patient name, the medication, and when the PA was created. Staff can use the VIEW THIS REQUEST to navigate directly to the CoverMyMeds website and can navigate directly to that patient's EMR All Notes page using the VIEW NOTES link.



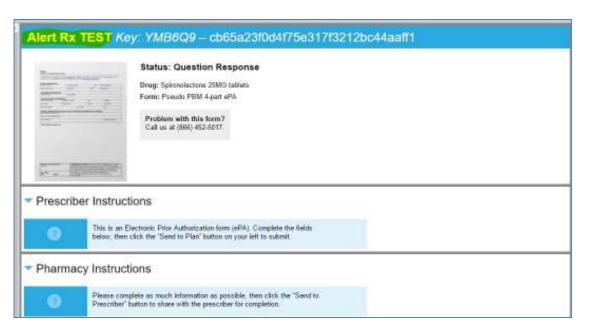
When you select the VIEW NOTES link, that patient's EMR All Notes page will open in a new tab/window. This allows for easy access to all notes and documents for that patient to review as may be needed to complete the PA with appropriate information. This also leaves the PA Queue open so that staff does not have to re-load to access that page.





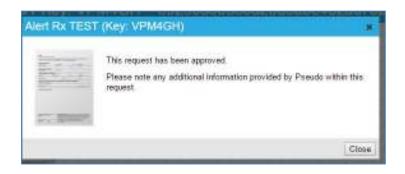
Using the VIEW THIS REQUEST link, a new window/tab will open to the CoverMyMeds website, and for that patient/medication. You will need to complete the information within the CMM request; this may include verifying diagnoses, medications, laboratory results, etc.

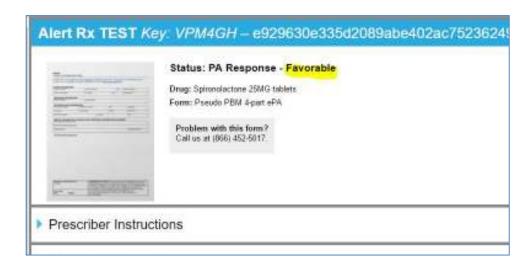
Once all the required information has been input, you can select to SEND TO PLAN. In some cases, you may get an immediate response, which can take a minute or two, and be notified of status. In other cases, you may get a "pending" status and will need to follow-up on this PA from the Prior Authorization Queue at a later time.



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Food	noemail@wrshealth.com
Place	769-998-6400
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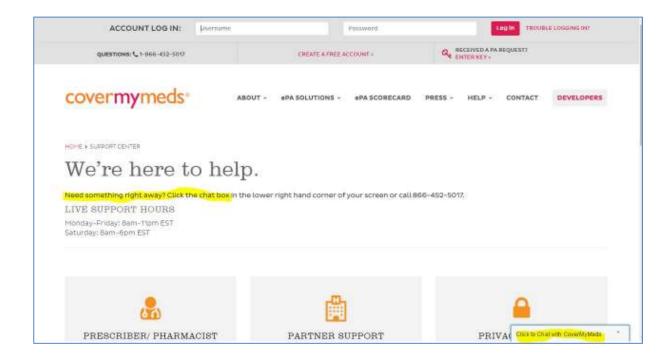




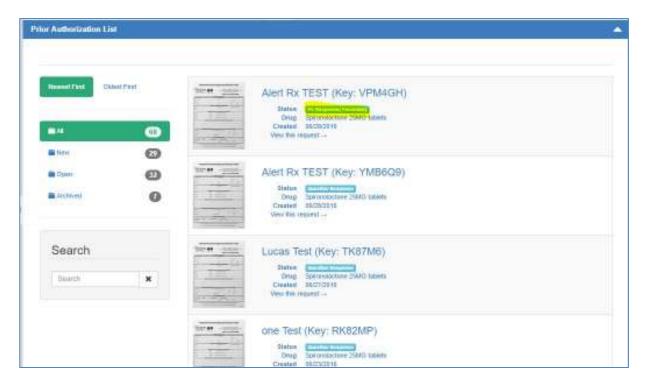


While working in the CoverMyMeds website, if you have any issues, please use their Help/Support as this website is maintained totally by CoverMyMeds and WRS Health will not be able to assist regarding workflow or true support issues. You can click on their HELP link and either call or speak directly via CHAT to a CMM Representative.





From the Prior Authorization Queue, there will be an updated "STATUS" for that patient. WRS advises that for all "pending" and "needs further follow-up" that the practice use the same protocol currently in place in their practice regarding the follow-up procedural plan.

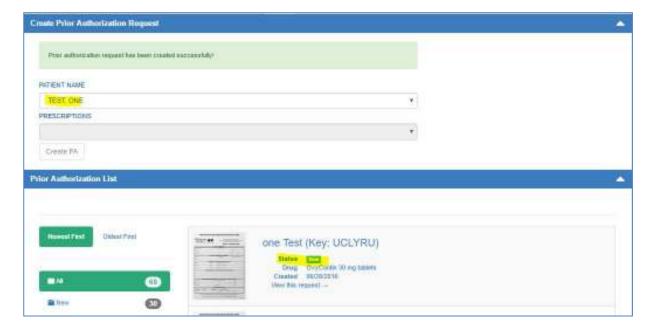


In the event that an electronic PA was not generated and the practice receives notice from the pharmacy, or the patient; a manual PA can be created for a patient that will trigger the electronic connectivity through CoverMyMeds. By accessing the PA Queue, from "Create Prior Authorization Request", search for a patient name and the medication that requires a prior authorization created. Remember that the medication must have been actually created as a recent prescription within the

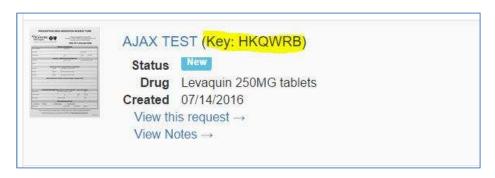
note to populate this selection. Then select "CREATE PA" and you will receive a message of verification.

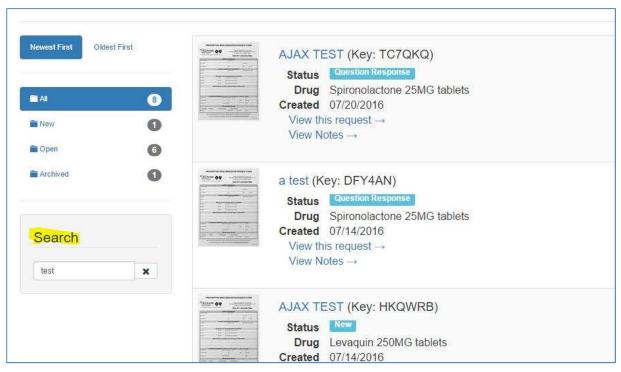


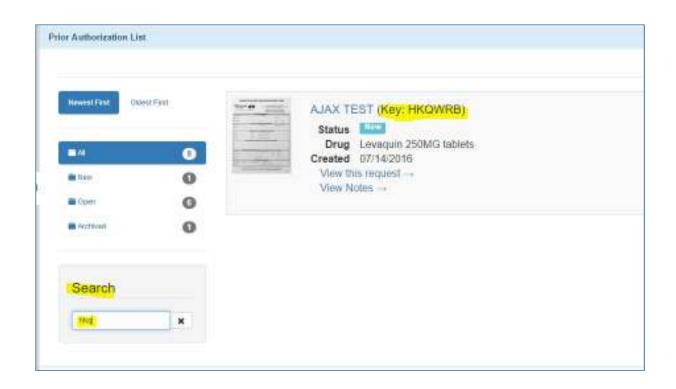
You can now work within that newly and manually created prior authorization, using the same workflow as with an electronically created PA.



There may also be an instance where a medication "slipped" through as indicated above and the PA was initiated on the pharmacy side. That is referred to as a "Retrospective PA" and a fax will be sent to the practice from the pharmacy that indicates a PA was initiated by the pharmacy. The fax will advise the patient name, medication and KEY (this is the identifying code associated with every PA created). Staff can navigate to the PA Queue and search for either the patient, or the KEY.

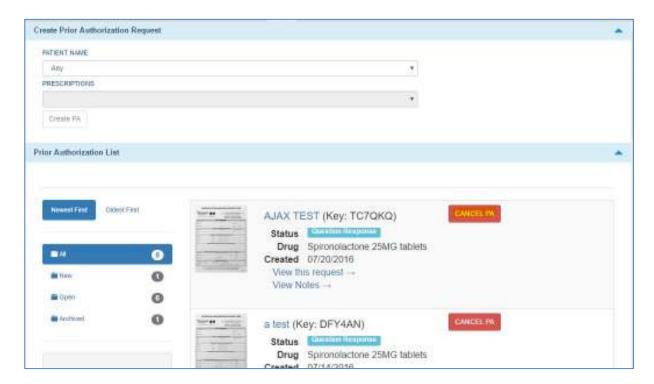




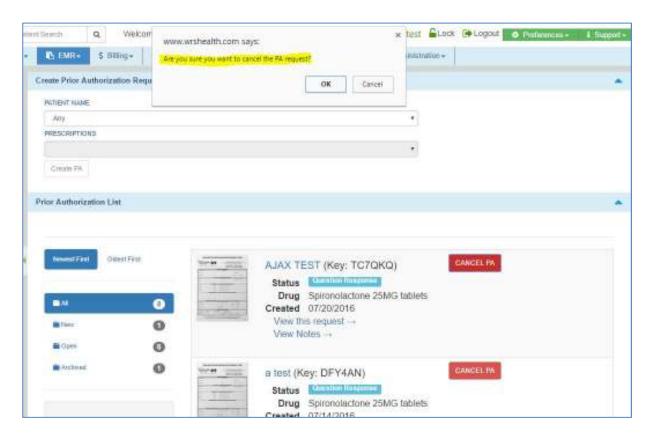


Finally, if for any reason, the provider elects to stop an active PA (perhaps they created a new prescription for a different medication that does not require authorization), staff can manually CANCEL an open PA (regardless of status) and enter comments to document the reason, etc.

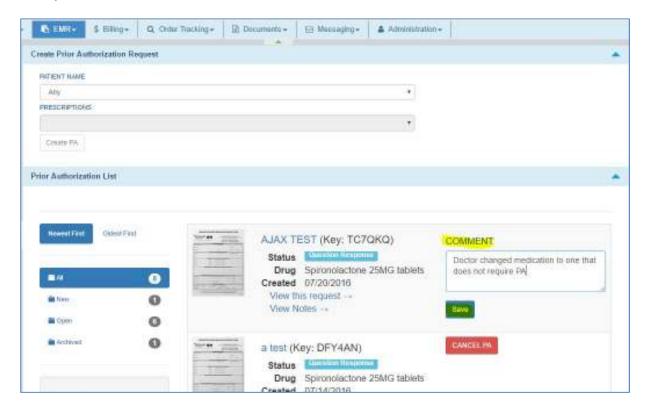
#### Select the CANCAL PA button:

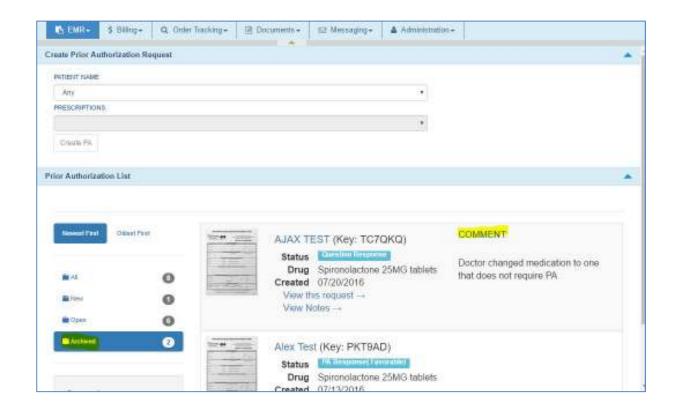


This will trigger a popup alert that requires an "action" OK to proceed or CANCEL to stop the process, as once a PA has been cancelled, it cannot be reactivated.



The cancelling of a PA allows the staff to indicate comments about that PA for future reference, that are easily found within the Archived PA

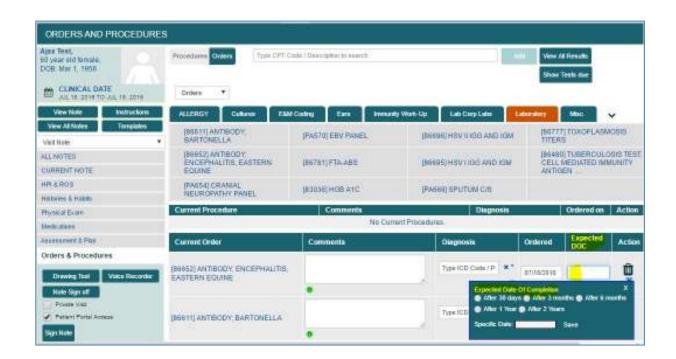




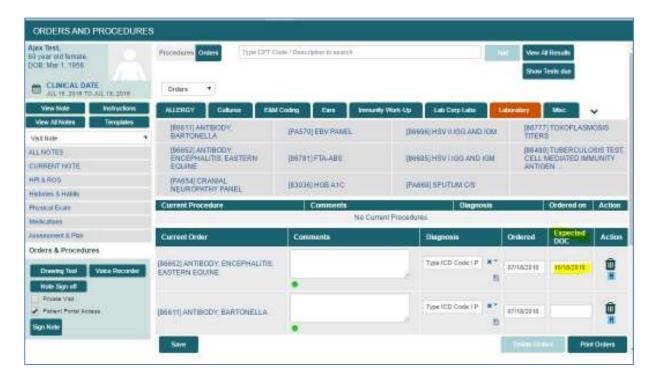
# **Expected Date of Completion (DOC)**

Additional enhancement has been made to the Orders & Procedures page. This allows for easier input for the "Expected Date of Completion" (DOC) for an order. This allows the provider to select a date (outside of the usual result-time/date in the Order Tracking Module) and create an alert based on the DOC entry.

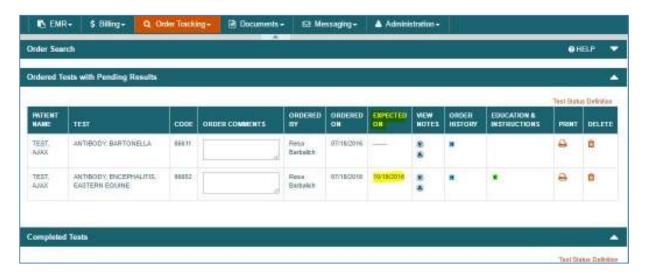
Once the order has been entered, click in the **Expected DOC** box. This will open a popup that allows the user to input date parameters, or specify an exact date, using the calendar option. After this has been selected, pressing SAVE will automatically load the new DOC into the DOC box. This will now be viewable on that Orders Page.







From the Order Tracking Queue, the Order and the DOC can be easily viewed:



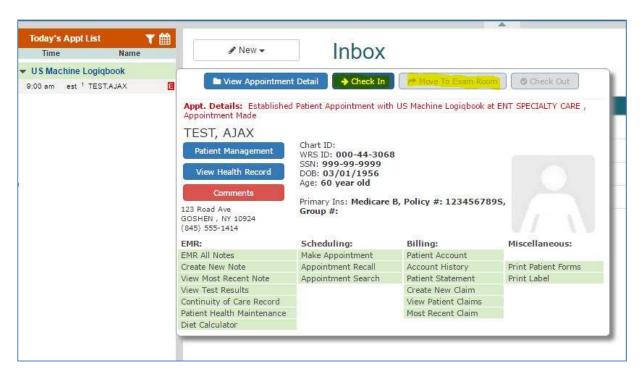
allows practice to preview the result to ensure they match to correct patient

### **Bidirectional Lab Requisitions**

Change has been made that effect the creation of requisitions for bidirectional connections. These changes affect all labs (Lab Corp, Quest, Bioreference, etc). The updated workflow corrects some of the issues related to incomplete requisitions (missing orders or diagnoses) and duplicate requisitions, in the case where many labs have been disregarding all requisitions except for the last one created.

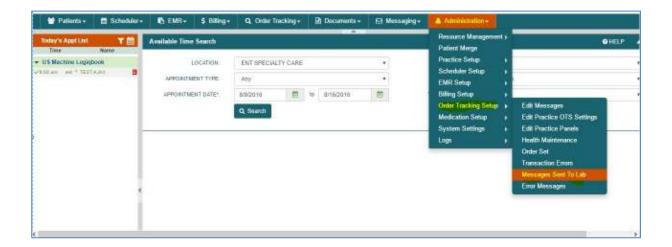
The new workflow requires an "action" to trigger population of the requisition, which captures all required data and sends it to the lab electronically, using one accession code. The action that triggers this process is *either* signing of the note, to indicate that the note is complete and all data is finalized, or the selecting Check-Out for that patient, to indicate that the encounter is completed. Neither of these "actions" requires additional work, steps, or clicks by providers or staff.

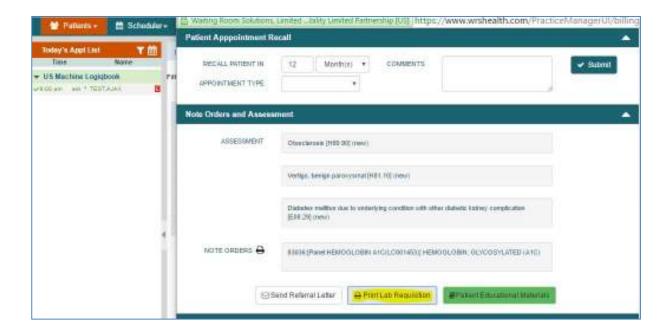
Once the patient has been **Checked In** and **Moved To Exam Room**, or, a new note has been created outside of a scheduled appointment; all the indicated bidirectional lab orders are added to the note on the Orders Page, and the diagnoses are selected from the Assessment Page. The note is either Signed or the patient is **Checked Out**, to trigger the population of the laboratory requisition, which loads into the **Messages Sent To Lab Queue**. It can also be printed from that **Queue** or from the **Check Out** screen.





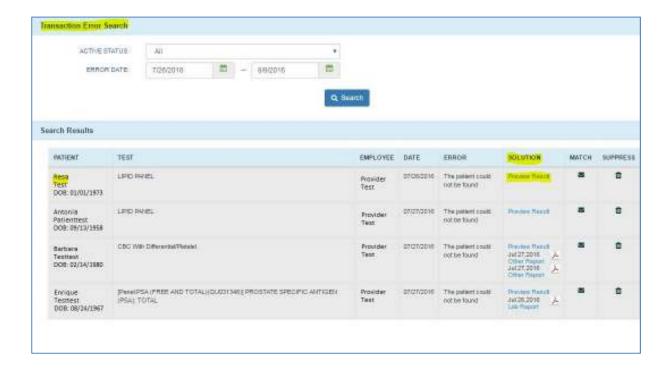






### **Order Transaction Error Queue**

There are instances when an incoming electronic result cannot be matched with 100% accuracy to an existing patient record. This is typically due to demographic mismatches. In those instances, the result is sent to the **Transaction Error Queue** where it can be matched manually to the correct patient by the practice. WRS has created better functionality within this queue to allow the practice to preview the electronic result prior to matching to the patient. This will cut down on instances of error when matching to a patient, and finding out, after the fact, the result was matched incorrectly.





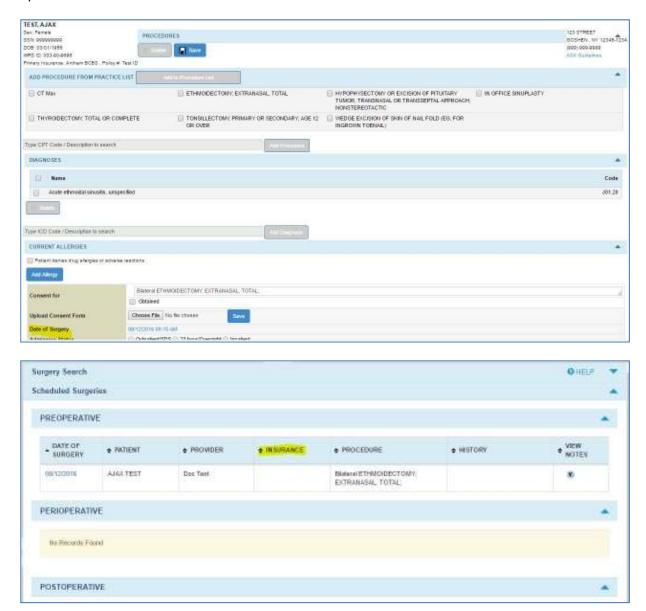
#### **Surgery Management Queue**

Functionality has been added to the **Surgery Queue** to offer a more complete view of the authorization progress and foster internal communication/comments within the queue itself.

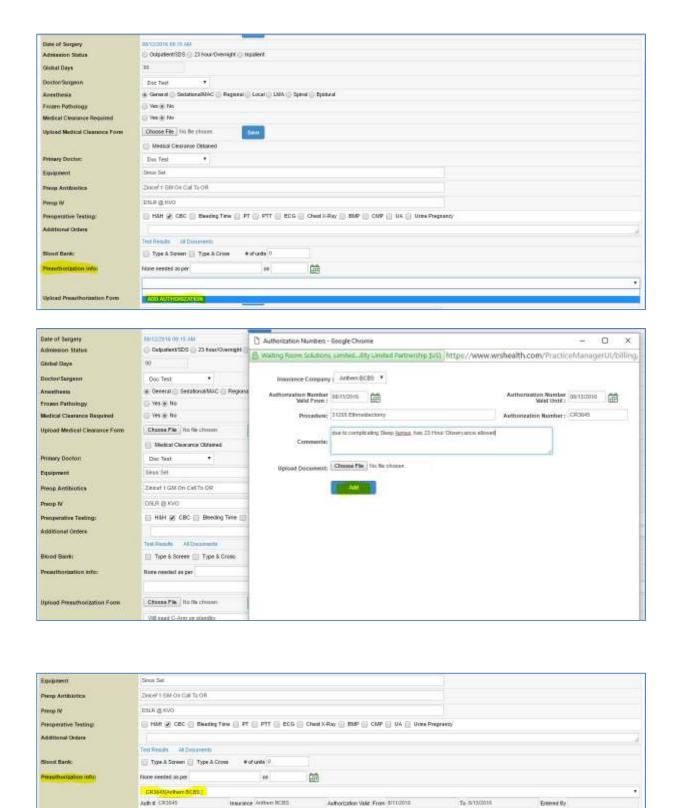
Once a surgery has been scheduled and booked, any time after the practice can provide Authorization information within the "booking form" itself, that will now populate the queue with the insurance and authorization information.

The surgery must be scheduled to populate within the **Surgery Queue**, and until an authorization has been completed and documented, the queue will not have any information populated under

**Insurance** heading. Most practices use that heading as verification that an authorization has been done: if no information-the authorization is pending, if information present-the authorization is completed.



The practice can create the authorization either from the Patient Management>Authorization tab, which would need to be manually added to the "booking form", or directly from the "booking form", which will also auto populate the Authorization Tab in Patient Management.



The **Surgery Management Queue** will now show the Insurance as well as the authorization information (this should be a "flag" to the practice that the authorization process is complete.

on Walcons

Choose File . No Se chosen

Upload Presethorization Form



The ability to add internal comments within the queue gas been added. This can be used to communicate between staff, allowing for the update of status or information regarding a patient or procedure. These comments are not associated with the booking form, or are seen by the patient, and should be used as an internal communication module.

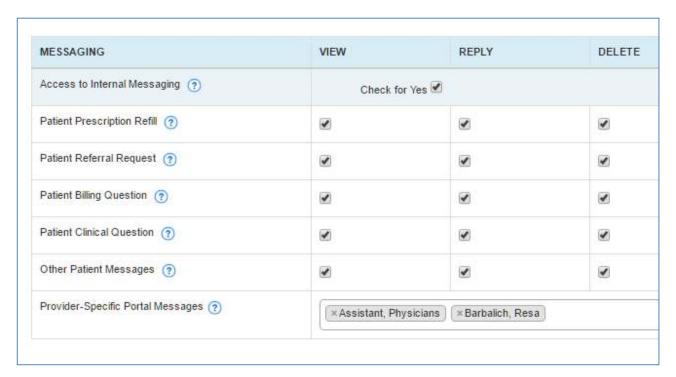




# **Messaging Enhancements**

Functionality has been added that allows patients to select a specific practice provider when sending a message from the patient portal.

Additional permissions have been added to allow provider messages to be directed to the desired practice user(s). This can be done under **Administration>Resource Management>Resource Setup>** [USER NAME]>Permission>Messaging>Provider-Specific Portal Messages. Add the desired providers to the list box and that user will automatically receive messages directed to that provider.



## **Default for Unknown Provider**

Functionality has changed to so that *Doctor Unknown* is now the top selection (default) from the dropdown menu and will not show in the note.

