

Additional Services

Pre-Authorisation

Healthcode's pre-authorisation service provides the capability for healthcare providers and insurers to confirm authorisation details for insured patients. Authorisation details for private treatments agreed between insurers and their members can be distributed to providers in a timely and structured fashion. The healthcare provider is able to request electronically confirmation that the proposed treatment is covered within the patient's policy.

Purpose

- enable two-way information flow between providers and insurers, facilitating automated adjudication
- provide an automated solution to enable private providers to gain pre-authorisation for insurer business
- industry standard for pre-authorisation
- deliver tangible benefits across the PMI community
- increase 'certainty' of payment
- streamline the business processes
- reduce administrative overheads
- faster decision making
- better quality and flow of information



healthcode®



The trusted technology at the heart of the healthcare community.

Deliverables

- web-based pre-authorisation distribution service enabling the Insurer to distribute claims authorisations to providers
- web-based pre-authorisation capture and response service enabling the provider to request authorisations from Insurers
- provider patient administration system (PAS) interface enabling the upload of pre-authorisation records to the hospital systems
- secure environment provided by 128 bit encryption on Internet sessions and permanent secure lines to the insurers
- helpdesk support and service level agreement for existing users

Benefits

- an industry standard claims pre-authorisation facility delivering peace of mind for providers and insured patients
- determines whether a patient is eligible for proposed treatment within the parameters of their medical insurance policy
- streamlines the claims adjudication process
- increase in volume of electronic invoices with pre-authorised claims.
- increase certainty of payment reducing bad and aged debts

- shorter queues in outpatient areas, and outpatient throughput increased
- fewer phone calls to patients and insurers
- increased certainty of patient confidentiality and security of data (especially where patients are in public areas)
- more efficient process
- saving of insurance company time and resources in service areas
- out of hours responsiveness
- staff resource saving in hospitals and insurance companies
- reduction in workloads
- increase in available time
- reduction in paperwork

Approach

Private healthcare providers and private medical insurers were engaged both individually and within industry workshops to ensure delivery of a solution meeting the needs across the industry.

Timescale

Two major insurers have committed to the service and we are expecting to introduce others over the course of 2006.



04 - 06 - 11