



CANOPY UTILIZATION MANAGEMENT

...automates your utilization management program to secure authorizations from payors and improve the denial management process.

Canopy UM® streamlines the utilization management process by electronically capturing key patient data and providing guidance for obtaining the reviews and approvals necessary to secure authorization and payment of care with the payor. Canopy UM creates an efficient and effective denial management program to track claim denials and improve an organization's success rate for appeals.

Beginning with an HL7 feed from your hospital's information system, Canopy UM guides utilization managers through the process of capturing and communicating the necessary information to payors to ensure prompt authorizations and payments.

Canopy UM alerts you when the next review is due, enabling you to fax the requisite information directly through the system to your payor contact.

Canopy UM enables the hospital's business office and utilization management department to work together to identify and track claim denials and to manage the appeal process. Canopy UM also tracks readmissions, avoidable days, and adverse events.

Offering a comprehensive set of features and benefits, Canopy UM facilitates the utilization management process.

- Provides a real-time hospital HL7 interface that captures all incoming inpatient, outpatient, and ER encounters. You now have access to the timely, updated encounter details necessary for quickly implementing the utilization review process. This feature also automates the reassignment of patients to various utilization managers as patients move throughout the facility.



- Assigns patients to care managers based on customizable rules, such as unit, payor, or physician. This eliminates the need for manual, paper-intensive systems, while enabling you to use multiple parameters for patient assignments.
- Flags readmission for follow-up and monitors the reasons for readmission. This capability provides statistical analyses of readmit data for trends and also benchmarks outcomes for increased efficiency.
- Alerts utilization managers to conduct utilization reviews and to include essential payor and authorization information. The automated alerts facilitate timely and fast reviews of payor status to avoid delays or loss of reimbursable expenses.
- Integrates with McKesson Health Solutions CareEnhance™ Review Manager Enterprise in order to automate the InterQual® Criteria during the review process.
- Faxes clinical utilization documentation directly to the payor. You can now focus on clinical, patient-centric activities, rather than on time-consuming clerical tasks.
- Enables patient-specific communication between the hospital's utilization management department and business office to track and recover denials. The resulting partnership helps hospitals recover denied days and associated payments. The enhanced communication between the two departments also ensures the smooth flow of information relating to continued stay denials and claims denials.
- Tracks and monitors outcomes and variances, including readmits, adverse events, avoidable days, and variances from length of stay. You can generate statistical reports for both real-time and retrospective analysis of critical metrics. You now have the information you need to quickly identify and modify parts of the care management process to more closely reflect “best practices.”
- Helps discharge managers refer patients to the appropriate post-acute services, such as skilled nursing facilities, outpatient case and disease management programs, home health services, and rehabilitation facilities. This helps maintain the continuum of care and ensures that patients continue to receive optimal post-discharge care.
- Provides fields for documenting intensity of service, severity of illness, and discharge screening. The ability to review and evaluate patients' clinical care according to established criteria enables you to meet the compliance requirements of external review agencies.
- Provides extensive reporting capabilities, including tracking and reporting the authorization and denial management process by payor. Canopy UM includes a standard set of reports and charts and also works with you to create customized reports for your organization.



For More Information on how Canopy UM can help you meet your patient care management requirements, please contact Canopy Systems:

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