

REVENUE CYCLE MANAGEMENT

Authorizations

Streamline operations, increase efficiency and ensure every patient counts with an automated prior authorization management system

The prior authorization process is complex and must be followed precisely to ensure efficient payments and to avoid denials. And, in addition to being the most expensive and time-consuming transaction to do manually¹, the upsurge in rescheduling during the time of Covid-19 adds a layer of volatility for your team to overcome.

Transform your process with electronic prior authorizations. Our integrated, online service facilitates prior authorization submission and 100% inquiry automation for authorizations. Users benefit from a touchless inquiry process and a guided, exception-based workflow that auto-fills payer data and flags where manual intervention is required.

Ensure the maximum time to focus on patient care by utilizing a prior authorization system that minimizes manual staff involvement.

Benefits to you



1. **Increase efficiency** by initiating more authorizations in less time, avoiding unnecessary work and decreasing reworked claims.
2. **Promptly clear authorizations for service** by proactively identifying authorization status — pending, denied or authorized.
3. **Avoid negative impacts due to rescheduling** by knowing current authorization details — including location and critical to/from dates.
4. **Secure the patient experience and increase revenue cycle predictability** with an integrated and automated prior authorization process.

How we do it

- **Knowledgebase:** Access up-to-date prior authorization requirements in real time.
- **Facilitated submissions:** Get directed to the correct payer portal based on procedure, removing the guesswork.
- **Inquiries:** Automate your prior authorization payer inquiry process.
- **Exception-based workflow:** Utilize dynamic work queues that display status and guide users through the next steps.
- **Post back:** Leverage the opportunity to send authorization status, number and validity dates to your HIS/PMS system.
- **Document imaging:** Receive images of payer responses to store in your document imaging system.
- **Reconciliation:** Compare procedures authorized to those performed to identify variance and enable intervention to prevent denials and appeals.

Fits well into your patient workflow — Notice of Admissions, eCare NEXT[®] revenue cycle suite and Medical Necessity.