

## How do we help streamline prior authorizations?

We blend automation, artificial intelligence, analytics, and specialists to give providers a comprehensive solution for the prior authorization workflow.

By streamlining the prior authorizations, we help increase timely approvals and reduce appointment rescheduling/cancellations.

Our new Authorization Determination Engine capability applies machine learning and artificial intelligence to provide a real-time decision whether a prior authorization is required or not for imaging procedures.

Our solution also enables requests requiring a prior authorization are submitted electronically where possible to the appropriate payer using a unified interface.

Complex requests and manual submissions are handled by our team of trained specialists to mandate complete coverage of all prior authorization requirements.

Our software communicates in real-time, repeatedly checks requests for cases that are under review for updates regarding status change, providing notifications, and automated authorization follow-up.

For more information, please visit our [Prior Authorization Software](#) page.

## How do we determine if a prior authorization is required or not?

As payers change their policies, our machine learning algorithms can learn and adapt to these changes. Our software determines if a prior authorization is required at the time of scheduling of the procedure, allowing providers to schedule these patients at the earliest, increasing your revenue and improving the overall patient experience.

Our solution can also help identify if the prior authorization request requires a clinical review and also accurately predicts the turnaround time for that specific case to allow clients the best possible schedule for their patients.

If it is determined that a given procedure requires a prior authorization, the provider can electronically submit the request to all payers, using a single web portal or via an HL7 or API based bi-directional integration with your local EMR/EHR/PMS/RIS/LIS system. This reduces the need to make multiple calls or send faxes to different insurance companies.

Prior authorization requests are electronically transmitted, with exception handling by our certified prior authorization specialists who can handle the manual submissions in complex scenarios or if the payer does not support electronic submissions.

## How do automatic status updates in our Prior Authorization Software work?

Once the prior authorization requests are submitted, our software constantly follows-up with payers using automation that provides real-time status updates as soon as a payer approves. Once the authorization is approved, the software provides clients with an authorization reference number and will update the portal and send a notification immediately.

The solution continuously evaluates the follow-up against the scheduled date of service and turnaround risk to intelligently hand-off the claim off to our prior authorization specialists if follow-up with the payer is necessary to ensure an authorization is acquired before the date of service.

## Which steps of the prior authorization process do we automate?

We automate each step of the prior authorization process, from determination to submission to status follow-up.

## Can all prior authorizations be automated?

Only a certain number of payers support electronic prior authorization submissions. We determine the ones that support automated submissions and delegate others that lack automation to our certified prior authorization specialists to provide complete coverage of all your prior authorization requirements.

## How do we maintain up-to-date payer information?

Our team tracks and documents all changes through our payer portals. We are also notified of policy changes through our partner network.

## When an order is changed during the process, what happens?

Our software has an elaborate module that supports case updates and changes. Any change at the procedure level, service level, or any demographic information can be accommodated, and the case can be resubmitted to the payer if required. These can be handled via our web portal or integration with your EMR/EHR/PMS/RIS/LIS system using an HL7 or API based bi-directional integration.

## Can you integrate with existing systems?

Yes, we can integrate with your EMR/EHR/PMS/LIS/RIS system using either an HL7 or API based bi-directional integration.

Read our Case Study about how we integrated with EPIC at a Pennsylvania Hospital and sought an innovative prior authorization solution that reduced payer gaps and denials.

## How customizable is our solution?

We understand that every administrative process is unique, and we have designed a solution to accommodate these intricacies, as well as the subtle differences in hospital systems. Therefore, we ensure our solution is customizable for our clients.

## What are the benefits of our product?

By accelerating turnaround times and increasing approvals, we reduce the time your staff spends on administrative tasks and claim denials while improving patient scheduling. The results have shown that our clients have experienced a more than 98% prior authorization rate, a 90% decrease in workload, a 55% increase in cost-efficiency, a 30% surge in productivity, and a 10% boost in reimbursements.

## Can we demonstrate these proven results?

Yes. Multiple case studies are available as well as customer references.

We also offer a pilot program before entering into a final contract.

## Where do we store your data?

Data is hosted on a HIPAA compliant AWS cloud. Data is only hosted in the United States.

## What about the merits of continuing in-house?

Today, a typical prior authorization costs \$10-12 each. Everything considered we can provide prior authorizations for as little as \$3 to \$4 each. On top of that, we offer STAT cases in as little as 20 minutes and can guarantee an exact number of days out for approval.

## How do we address privacy and security with our clients?

Customer privacy, data integrity, auditability, and security. We are HIPAA compliant, offering customers the ability to segregate their data and provide them with the ability to audit their information.

## How many prior authorizations do we process daily?

We process 4,000+ prior authorizations daily.

## Do you have experience in handling specific specialties?

Yes, we provide innovative and scalable patient access and revenue cycle management solutions for various specialties and hospitals, clinics, imaging centers, and laboratories.

## What reduction of cost have we seen?

We have an array of proven case studies with large hospital systems. If you look at their pre-Infinx and post-Infinx results, you can find denials of prior authorizations down by 10 percent and cost per prior authorization down from \$12 to as little as \$2.50, depending on the volume.

See how we Eliminated Costly Prior Authorization Delays at Top U.S. Hospital and solved their chronic prior authorization process inefficiencies and administrative issues. Learn how our solution brought efficiency to the hospital's utilization management while improving patient satisfaction and revenue.

## How does our software help reduce administrative costs?

Administrative paperwork can slow down medical practice efficiency and physician productivity significantly. More than 70% of physicians report spending one day or more every week on administrative tasks. The average physician will lose \$83,000 per year in managing just prior authorizations. These administrative responsibilities restrict billable hours, contribute to physician and staff burnout, and keep doctors from spending quality time with patients.

Our platform resolves those situations and allows for more confidence and higher peace of mind for patients who know that their procedure is authorized and will be covered by their insurance plan. It can be a terrible burden for a patient who is already anxious about a medical procedure to have the additional stress of wondering if they will have to pay more out of pocket than expected.

## How does our software help with patient registration and billing?

Patient access begins with insurance eligibility. The quicker the practice or provider can determine if a patient is eligible and has insurance, the sooner they can determine care. Also, patients need the information to make better decisions about their healthcare.

Our software can provide patients with immediate estimates, which gives peace of mind about what they can afford. Finally, waiting to see if a procedure requires a prior authorization can be incredibly frustrating. Our solution can determine in real-time if a prior authorization is necessary, which allows you to schedule the patient instantly, allowing the patient to move forward as quickly as possible.

## How is artificial intelligence improving the lives of patients?

AI can automate some of the mundane tasks associated with healthcare. However, AI has not yet reached the level of replacing the human element. Machines cannot express empathy or understand the subtle differences between two different patients with the same diagnosis. Perhaps AI will one day get to that point, but until then it should only be used in conjunction with human intelligence.

## Can artificial intelligence help the reimbursement process to payers leading to more timely/complete payments?

The only way to increase reimbursements for a practice is to have a specialized system that facilitates detailed data entry, comprehensive charge capture, and the constant discovery and elimination of errors.

That is precisely what our solution offers: accurate entry of patient demographic data, assignment of relevant medical codes to the service delivered, and calculation of charges for the services rendered. That leads to clean claims, proper billing, and timely reimbursement. AI plays an important role, but there still needs to be a human element to handle any number of differentiators or discrepancies.

## Does artificial intelligence add security to records or help stop data breaches?

AI is designed to learn and adapt, so it can be much more capable of identifying data breach points of entry, protecting privileged accounts, detecting a cyber threat, responding to ongoing threats, and providing recovery solutions.

AI can be more effective than traditional rule-based or policy-based security. If used properly, AI can use machine learning to secure enterprise networks against both known and unknown threats, while conventional solutions can only protect against threats that are already known.

## Overall, how does artificial intelligence help providers and patients on the patient experience front?

We partner with medical providers and practices to create satisfied patients. Our AI automation reduces payment defaults and denials on prior authorizations and claims while improving schedule optimization. We dramatically improve the accuracy and speed of the practice's workflow, allowing the providers to better focus on providing an optimal patient experience.

If you have any questions, feel free to reach out to our support team at [www.infinx.com](http://www.infinx.com)