

# Streamline the costly authorization process

Expedite care delivery while improving satisfaction

## Hx Authorization Submissions & Inquiries

Authorizations are among the most inefficient and costly transactions in healthcare. Worse, these manual processes can cause unnecessary delays in care delivery, resulting in negative impacts on health outcomes, quality measures, and performance-based payments.

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- Only 8% of authorization transactions are fully electronic and 35% are still fully manual<sup>1</sup>.
  - Authorizations are among the industry's most costly administrative transaction—a whopping \$9.43 per transaction<sup>1</sup>.
  - Manual prior authorization transactions are also one of the most time-consuming transactions for providers, requiring between 14 and 20 minutes of staff time for each<sup>1</sup>.

As a payer, you spend a significant amount of time and resources managing the authorization process, as do your providers who must navigate rules that are complex, non-standard, and quickly compound across health plans. This frustration can be damaging to you and your member and provider relationships.

# Hx Authorization Submission with Rules Engine:

Hx Authorization Submissions & Inquiries lets provider offices submit authorization requests with attachments electronically and follow up with inquiries to check authorization status.



Realize meaningful savings by delivering the most complete and up-to-date authorization information including the ability to attach documentation. Providers decrease their need to mail, call or fax you directly during the authorizations process, lowering operating costs all.



Increase provider trust, satisfaction, and overall network relations by shifting authorizations from a costly and time-consuming manual process to streamlined online form submission with electronic follow-up.

## Features:

- Completely configured to your needs and designed to work seamlessly within the Healthx Engagement Platform and Provider Portal for a cohesive user experience.
- Leverages your provider and eligibility data to pre-populate authorization forms, thereby reducing user data entry errors.
- Supports medical documents via uploads and attachments.
- Built in business rules can allow providers to receive real-time status responses, such as approvals or denials.
- Authorization confirmation numbers are issued for ease of tracking.
- Authorizations are displayed within the provider and member portals for both the provider and member to easily know the status.
- Authorization attachments allow providers to communicate all the documentation needed to determine medical necessity.

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## Additional Integrations: HX Authorization Submission + InterQual Connect™ or MCG Cite Auto Auth Rules Engine

- Provides all of the benefits as our standard Authorization Submission service plus real time status responses based on your care guidelines for all codes submitted using the MCG rules engine.