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Healthcare Cloud

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FIRSTSOURCE HEALTHCARE CLOUD

Prior Authorization Services

Cloud-first services for accelerated value

Prior authorization is a critical element in driving superior patient engagement and patient financial experience and satisfaction. 91% of all care delays can be attributed to prior authorization issues, with over 20% of first-time requests being rejected by insurers. The challenge for Providers is claims worth $265 Mn require prior authorization annually, with the volume increasing at the rate of more than 20% per annum. It takes over 27 minutes to complete a prior auth check and costs $11.18 on average.

At the same time, patients increasingly expect price transparency and a seamless financial experience– from scheduling appointments to paying bills.

Nearly 50% of patients say that a clear estimate of financial responsibility will impact whether they will see a particular Provider while 70% of patients are more likely to pay if they receive an estimate on the day of the service.

Offering a seamless, consistent experience during pre-service interactions is therefore is fast becoming a top priority for Providers.

A streamlined digital-first process that identifies the need for prior authorization, enables the process, and facilitates status checks can add significant value to Providers as well as patients.
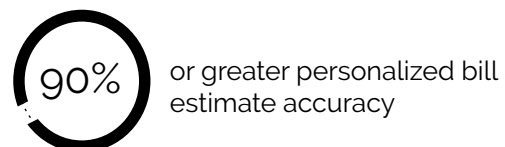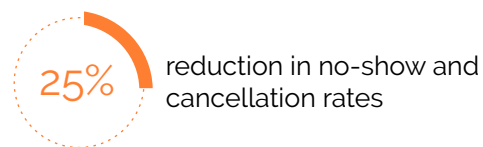
Prior Authorization Management Platform

Firstsource Healthcare Cloud: Prior Authorization Management solution enables hospitals to integrate key functions into a unified workflow, creating a superior experience for patients and Providers alike. The easy to implement and scalable solution is EMR compatible and can go-live within 90 days from contract signing.

Providers can choose to augment the full technology stack with a training and certification program, onsite support, and process oversight to maximize results, accelerate integration, and transform the disparate components of the overall patient financial experience.

Firstsource Healthcare Cloud

Authorization Complete >

Hi Mat,

Your procedure has been authorized and approved. We look forward to seeing you at your procedure.

From,
Medical Team

Key benefits

The cloud-first solution provides clarity to patients prior to care, identifies various payment methods, and validates authorization to enhance efficiency and accuracy and reduce time to authorization and front-end denials

25% reduction in no-show and cancellation rates

90% or greater personalized bill estimate accuracy

>60% increased staff productivity

<1% payer rules error rate

The primary goal of Prior Authorization is to enable Providers and Payers to collaborate on the course of treatment for optimal patient care which requires:

1. Clinical guidelines are maintained for every condition
2. Standard coverage by each plan is known
3. Alerts assist clinical staff, for procedures outside of the covered services
4. Provider practices are not disrupted
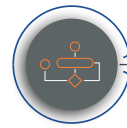5. Communication is simplified

Solution features

A robust Rules Engine, that manages National, Regional/State and Payor Rules (covering 80% of revenue)
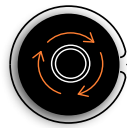
Automating client-specific rules gathered from Provider

Intuitive processes, such as a simple task list that enables staff to follow through open or pending items

Working with data feeds from HL7 Transfers and Schedule Reports

The comprehensive solution ensures:

1. Reduction of front-end denials
2. Reduction of denial write-offs
3. Efficiency and accuracy through centralized work
4. Access to advanced tools to reduce time to authorization
5. Ability to scale up for additional service lines and community-based Provider

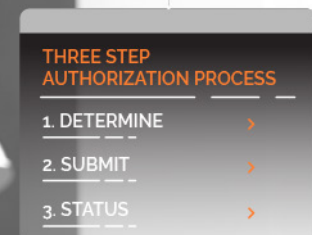## How does it work

Three-Step Authorization Process

1. DETERMINE
if an authorization is required

2. SUBMIT
if an authorization is required

3. STATUS
Check/rechecks of authorization

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THREE STEP AUTHORIZATION PROCESS
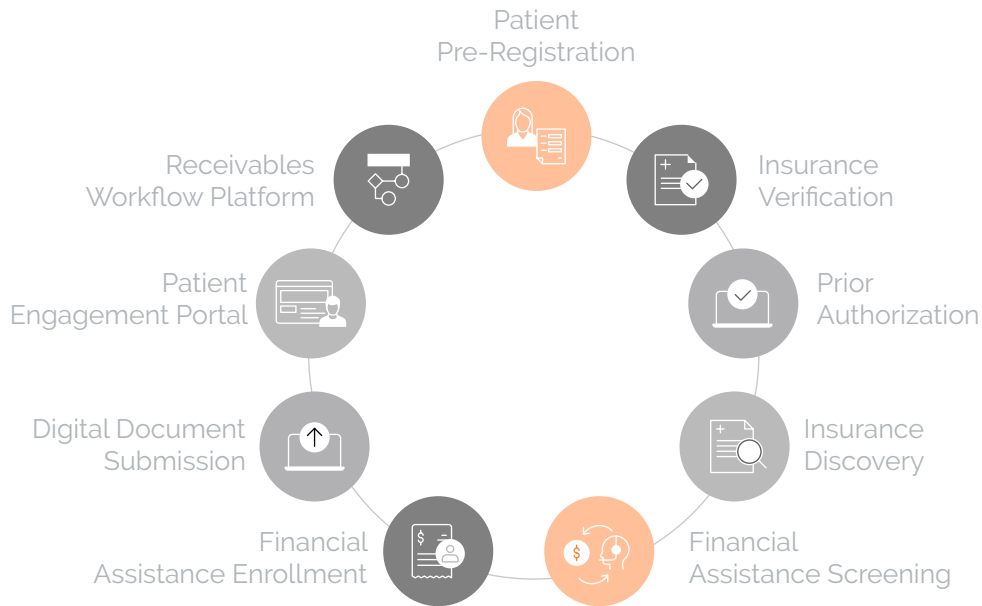
1. DETERMINE
2. SUBMIT
3. STATUS

References

- "Patient Clinical Outcomes Shortchanged by Prior Authorization," AMA Survey, Mar 2018
- "Prior Authorization Issues," HealthPayer Intelligence, Mar 2018
- "The Impact of Prior Authorizations," Medical Economics, Feb 2019

Prior Authorization Services is just one component of our comprehensive Patient Engagement and Receivables Management solution

The holistic Firstsource solution includes an entire stack of digital-first patient engagement and Eligibility and Enrollment services. They are specifically designed to uncover missing patient information and enhance engagement with patients across their journey, dramatically improving patient satisfaction as well as financial performance for hospitals.

Patient Pre-Registration

Insurance Verification

Prior Authorization

Insurance Discovery

Financial Assistance Screening

Financial Assistance Enrollment

Digital Document Submission

Patient Engagement Portal

Receivables Workflow Platform

Healthcare systems plagued with data extraction challenges, arduous implementation meetings, burdened IT resources, and long-involved contractual negotiations, are a thing of the past.

Introducing Firstsource Healthcare Cloud, a new, innovative platform in Revenue Cycle Management.

Our Cloud-native services are built to complement your existing infrastructure and provide patients with a superior user experience. Combining our rich domain experience with Intelligent Automation, we've found the proper balance between bot technology and Digitally Empowered Contact Center support.

The Cloud-first delivery model optimizes productivity and scalability with turnkey solutions powered by our comprehensive and in-depth cloud platform. Enhance your teams' collaboration in simplifying the patient experience, while continuously improving healthcare operations to eliminate revenue leakage, streamline care delivery, and focus on activities that improve patient health.

Learn how Firstsource Healthcare Cloud can help your organization transform financial performance and patient experience. Click here

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✓ Approved