Streamline processes to expedite care delivery and reduce costs

Manual authorization workflows – whether via mail, fax or phone – are among the most inefficient and costly administrative transactions in healthcare. Worse, these processes can cause unnecessary delays in care delivery, resulting in negative impacts on health outcomes, quality measures and performance-based payments.

With Hx Authorization Submissions & Inquiries, you have the ability to submit most, if not all, authorizations electronically, reducing call volumes and the administrative costs associated with manual processes. As a result, everyone benefits: Payers squeeze out inefficiencies and costs from the system. Providers increase member satisfaction, while expediting the delivery of care to patients. And members get the necessary treatments and care they need to improve their overall health.

Physicians spend an average of 35 hours per week on prior authorization activities.

Benefits include: *For Providers*

Increased member satisfaction
Facilitate collaboration between patients and providers, resulting in a better member experience.

Streamlined workflows
Speed up authorizations, reducing costs, eliminating manual processes and improving provider productivity.

Expedited care
Proactively deliver additional information required by payers by attaching clinical notes and documentation to accelerate authorizations and avoid delays in care delivery.

Improved visibility
Search submitted, pending and approved requests, patient eligibility, provider directories, and diagnosis and procedure information lookups.

Better outcomes
Ensure patients promptly get the care they need.

Enhanced quality scores
Boost performance on quality measures such as HEDIS, PQRS or Medicare Star, while maximizing performance-based incentives.

Healthx®

Convenient, affordable access to quality care

Benefits include: *For Health Plans*

Cost Savings
Significantly reduce call volumes and manual fax and mail authorizations and referral requests.

Efficient approvals
Provide the ability to supply clinical documentation and other requested information electronically, reducing processing delays.

Member Eligibility
Optimize operational processes by verifying member eligibility and active status prior to submission.

Benefits include: *For Members*

Increased Awareness
Give members a clear view of their authorization status for additional care.

Member Engagement
Provide visibility to their authorization status to expedite scheduling of treatments and follow-up care.

Better Health
Promptly proceed with necessary treatments to improve chances for faster recoveries and positive outcomes.

An estimated 20% of initial authorization requests are rejected.

Clear Picture of Authorization Status and Eligibility

Additional Benefits:

Configurable
Set up rules for automatic adjudication (approved, denied, pending).

Streamlined workflows
Search submitted, pending and approved requests, patient eligibility, provider directories, and diagnosis and procedure information lookups.

Lower administrative costs
Reduce call volumes and time-consuming manual processes.

Better outcomes
Ensure patients promptly get the quality care they need by speeding up authorizations.

Interacting with insurance plans costs physicians an estimated $83,000 in lost productivity.

With Hx Authorization Submissions & Inquiries, providers and payers can streamline authorization workflows, expedite care, enhance health outcomes and improve bottom lines. Contact us today at **877-492-3633** or **info@healthx.com** to learn more about how Healthx delivers engaging solutions to help guide the healthcare journey.

Healthx®