



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 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 spend more time with patients and less time filling out paperwork and waiting for a response. And members get the necessary treatments and care they need to improve their overall health.

Benefits for Providers



Increased member satisfaction

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



Streamlined workflows

Improve efficiency of requests by verifying eligibility status prior to submission, searching provider directory, and code lookup.



Expedited care

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



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.



Physicians spend an average of

35 hours per week

on prior authorization activities.



Convenient, affordable
access to quality care



An estimated **20%** of initial authorization requests are rejected.

Benefits for Health Plans



Cost savings

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



Efficient approvals

With more complete information from providers, less follow-ups needed with less delays.



Improved quality scores

By streamlining the approval process, care is expedited to improve quality of care.

Benefits 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.



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

With Hx Authorization Submissions 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.