Centralized, AI-enhanced <u>or</u> Manual Prior Authorization

WHAT'S RIGHT FOR YOU?

Up-front, manual revenue cycle processes are time consuming, error prone, and lead to payment leakage. With centralization and artificial intelligence (AI) enhancements, the process from order through prior authorization (PA) can free up staff to focus on the higher-value activities, provide price transparency to providers and patients, and reduce turnaround time. So which path is right for your organization?

Current Manual Process Path

Provider orders lab test, procedure, or treatment via paper requisition or e-order.

Order is manually entered into the system of use.

Benefits verification and eligibility are manually obtained via a clearinghouse or payer portal.

PA requirements are checked since health plans all have different rules that are complex and constantly changing.

A trigger prompts manually contacting the health plan and retrieving the plan-specific form.

After attaching medical documents, PA is submitted via fax, portal, or phone call.

Provider staff continues to monitor the status of the prior authorization.

If PA is approved, the claim is billed.

After payer adjudication, the provider is notified of the patient financial responsibility and can bill the patient.

Centralized Process Path

Provider orders lab test, procedure, or treatment via paper requisition or e-order.

Patient referral is received via e-order and is populated into the system of use.

Patient benefits and eligibility, coordination of benefits, and PA verification are completed in less than one minute.

If PA is required, the tool will automatically locate and populate the correct payer form with demographics and national provider identifiers (NPIs). The provider can then review the information and add any missing data points before submitting automatically.

PA status is automatically monitored, displayed in the main portal, and all updated information is populated back into the system of use.

From the provider's orders to prior authorization adjudication, the path is clear. With centralization and automated workflows, you can improve collections and reduce labor-intensive tasks, improving both staff efficiency and the patient's financial experience.

About ZOLL® AR Boost®

ZOLL AR Boost is a real-time accounts receivable solution suite that simplifies and expedites the pre-billing process. It delivers accurate, actionable data to reveal hidden coverage and drive self-pay and high-deductible conversions.

ZOLL® | DATA SYSTEMS

To learn more about the ZOLL AR Boost solution, please call the number below or visit the website.
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