

AuthNet[®]

pre-authorization efficiency experts



Company Overview

About Us





Hi. We're AuthNet.

Prior authorizations can be **painful**. Between the phone calls, faxes and portals, they drain **time** and **resources** from healthcare providers and their staff. Coming from the revenue cycle space, we know as well as anyone. It's why we knew a solution like AuthNet was so **desperately needed**.

Now we're able to provide our clients an industry-leading blend of automation and completely focused, **full-service, experienced** authorization capabilities, from auth requirement validation to submission, follow-up and final outcome of **each authorization**. And we do it with **transparency, accountability, and communication**.

Alison Hindman-Talleri

Partner, Cofounder





Our **vision** is to lead the way in providing unburdened, timely access to care for the patients who need it and the clinicians working to keep or return them to maximum health.

We combine industry-leading automated payer connectivity (AUGGIE) with benchmarked best practices and years of experience... allowing our specialists to work with insurance payers on your behalf, and you to stay focused on patients – not paperwork.



At A Glance: Our Experience

Avg Denial Rate
< 4%
(including Peer Review)

15,000+ orders
processed
monthly

Leader in blending
automation +
hands-on
processing

20+ states

24+ medical
specialties +
subspecialties

15+ Years
RCM +
Authorization
Experience

Full +
Supplemental
Outsource
Options



Where It All Comes Together

PEOPLE

Less stress + more transparency.
Keep track of your progress,
down to the submission, across
facilities, providers, + payers.



TIME

Quicker results with FAR less staff hours lost to processing tasks. Fewer reschedules and cancellations. Faster access to needed care for patients.

ROI

Less overhead, ongoing training + resources tied up in administrative processes. Improved payment cycles + reimbursements for a healthier bottom line.

The Prior Auth Problem





Why Outsource Prior Authorizations?

93%

Healthcare Providers Who Report that PA Processing Delays Patient Access to Needed Care

34%

Providers Who Report that Waiting on a PA Caused a Serious Adverse Patient Event

16

Average of 16 Staff Hours Lost Each Week to PA's
Average Manual Processing Time is Now 21+ Minutes per PA

41

Average Number of PA's Completed Per Physician Each Week

88%

Providers Who Say the PA Burden is High or Extremely High



The Cost is REAL

Most current studies estimate the **average authorization costs \$11-15** between staff time, materials and resources spent processing - among the **MOST EXPENSIVE** administrative expenses for practices today.

AuthNet clients save up to 40% on average per authorization

\$23,452

Average Annual Cost Per Physician to
Process Pre Authorizations In-House

*Based on Average Cost of \$11 Per Authorization and Average Volume of 40
Authorizations Per Week Per Physician. HFMA, 2019*



"Our staff was **drowning** in prior auths. Too much time trying to verify benefits, chase down auths we need answers on, sitting on hold with insurance companies - and our patients were just as frustrated with the delays.

Auggie (*AuthNet's payer connections*) and their auth specialists have saved us **time** and **money**. They streamline and speed up communication processes; their workflows are easy to follow. They've definitely eliminated a lot of stress around here. Their team is on top of it, but always keeps us in the loop."

*PRACTICE ADMINISTRATOR / ORTHOPEDIC & PAIN
Orlando, Fl*



The AuthNet Answer





What We Do - Our Services

- Surgeries + Procedures (Inpatient + Outpatient)
- Injections, Infusions + Specialty Medication
- Radiology, Diagnostics, Ultrasound + other Advanced Imaging
- Therapies, Rehabilitation, Home Health + other Service-Based Submissions
- Standard, Genetic + Molecular Labs
- Referrals + E&M Based Submissions
- Durable Medical Equipment (DME)

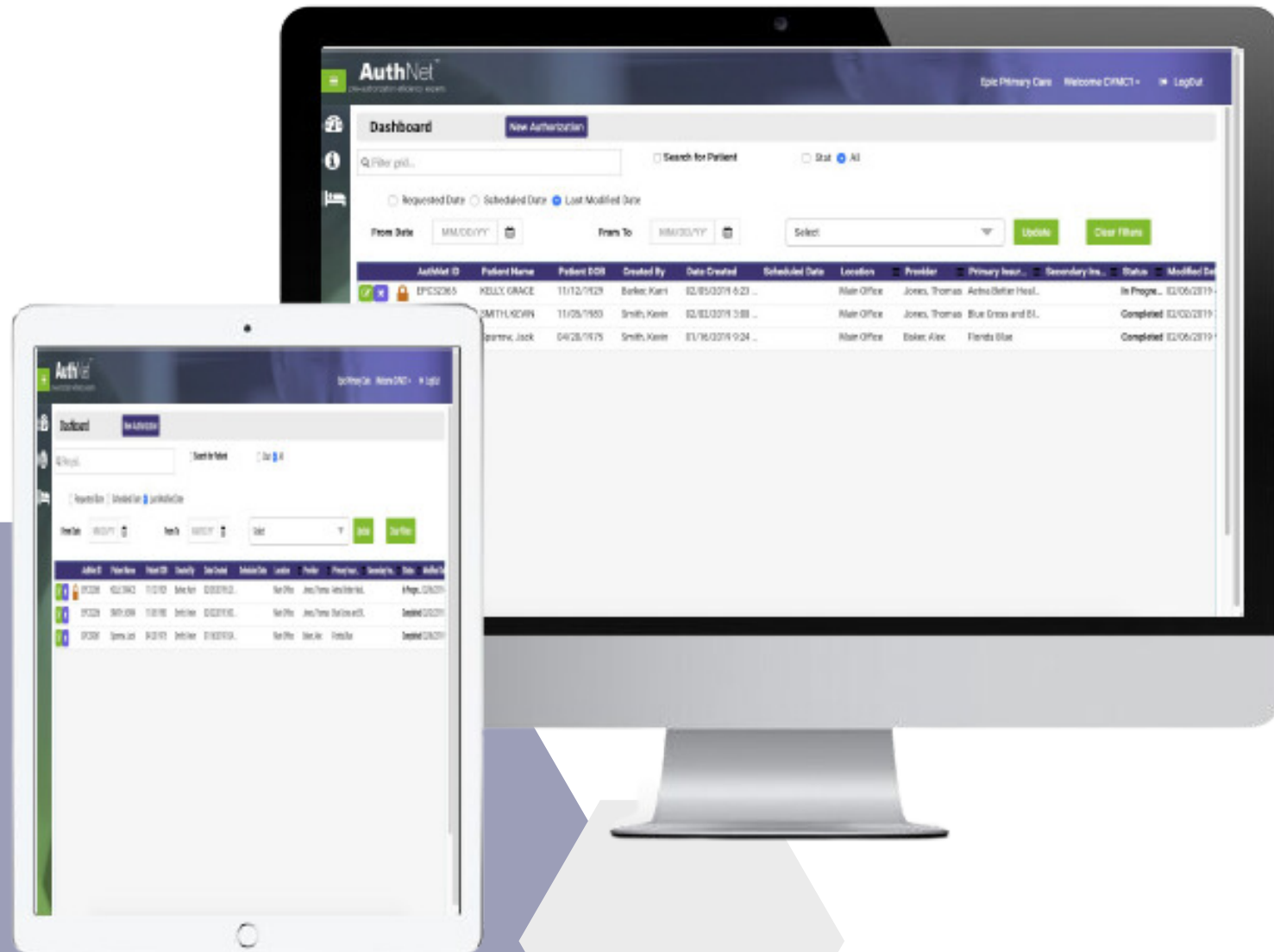
Physician
Practices,
Groups +
ASC's

Hospitals +
Health
Systems

Labs,
Radiology +
DME
Facilities



Simple. Secure. Streamlined.



AUGGIE: Hundreds of Automated Payer and Benefit Manager Access Points for Faster, More Accurate Results

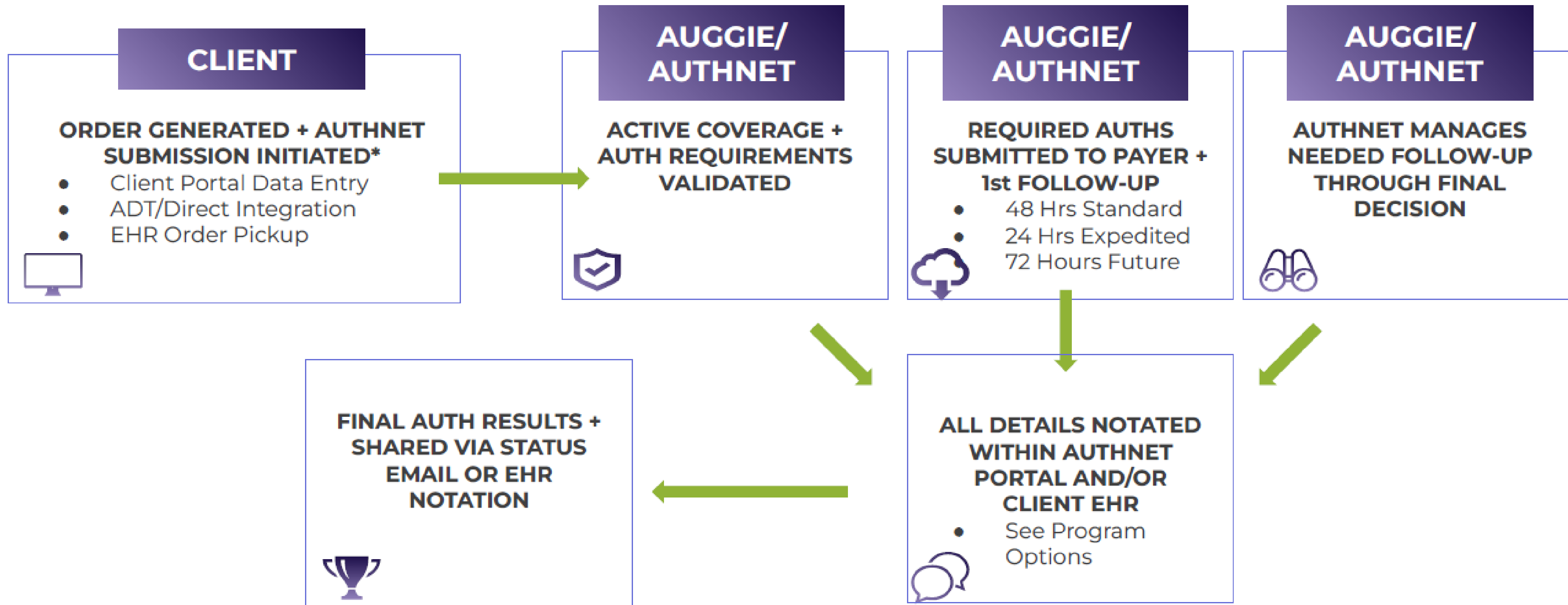
Cloud-Based Access: See Your Dashboard When and Where You Need It

HIPAA-Compliant, Dual-Level Security Authentication: Protect Your PHI from End to End

Simple, Clear Navigation: Learn Your Way Around in Under 60 Minutes

HL7 and API-based EHR Integrations Available: Streamline the Flow of Data

Automation + Hands On Expertise



**MORE TIME IN YOUR DAY. MORE MONEY SAVED.
MORE SATISFIED PATIENTS (AND STAFF).**



Submission Turnaround: What's Included?



WHAT ACTIVITIES OCCUR
WITHIN THE INITIAL
PROCESSING TIMES?

- Patient Coverage Validation
- Automated Eligibility + Benefits Check*
- Auth Requirement Validation
- Auth Submission to Payer or Benefit Manager Where Required
- First Pass Follow-Up: Delivery of Any Additional Clinical Info Required Within Initial Timeframes, if First-Touch Determination in Not Able to be Obtained



Submission Order Types

STANDARD SUBMISSIONS

- All Submissions with a Scheduled Date within 10 Business Days that are NOT Expedited.
- All Retroactive Submissions, Unless Labeled Expedited



EXPEDITED SUBMISSIONS

- All Submissions Labeled Expedited by Client
- All Submissions with Scheduled Date within 5 Business Days
- All Requests Returned to AuthNet from a Client Action Status with Less than 3 Business Days to Scheduled Date



FUTURE SUBMISSIONS

- All Submissions with NO Scheduled Date or where "Soft Scheduled Date" is Selected
- All Submissions with a Scheduled Date Further than 10 Business Days Out



**AuthNet does not process NEW/Updated submissions that are less than 3 days out on a practice's schedule or inpatient surgical procedures with less than 5 days to service.*

**AuthNet does not process NEW/Updated submissions that are less than days out on a practice's schedule or inpatient surgical procedures with less than 5 days to service.*



KPI's: What We're Tracking

OUTCOMES

Volume By Determination.
Peer to Peer + Denial Reasons
Payer and Provider Trends .



TIME TO DETERMINATION

TTD Auth Requirement
TTD In AuthNet's Hands
TTD Overall
Time in Client Action Required Statuses

ROI

Impact to Average Spend
Impact to Denial Trends
Staff Impacts
And More

What's It Cost?





Tailored Processing to Meet Your Needs



Automated Eligibility + Benefits Check*



Auth/Pre-D Requirement Validation



Auth Submission + First Pass Follow-Up



All Subsequent Follow-Up to Final Determination

Per Auth Pricing Discounts Thresholds at 500, 1000 and 1500+ Orders Per Month - Contact AuthNet for a Custom Quote

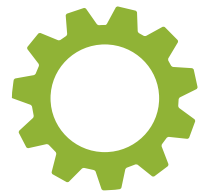
\$8.25

Per Complete Authorization

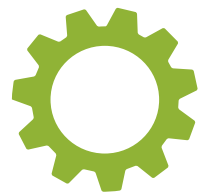
+\$1 for Expedited Orders

**No Auth Required Submissions or Rework Orders Discounted to \$4*

Contact Details



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