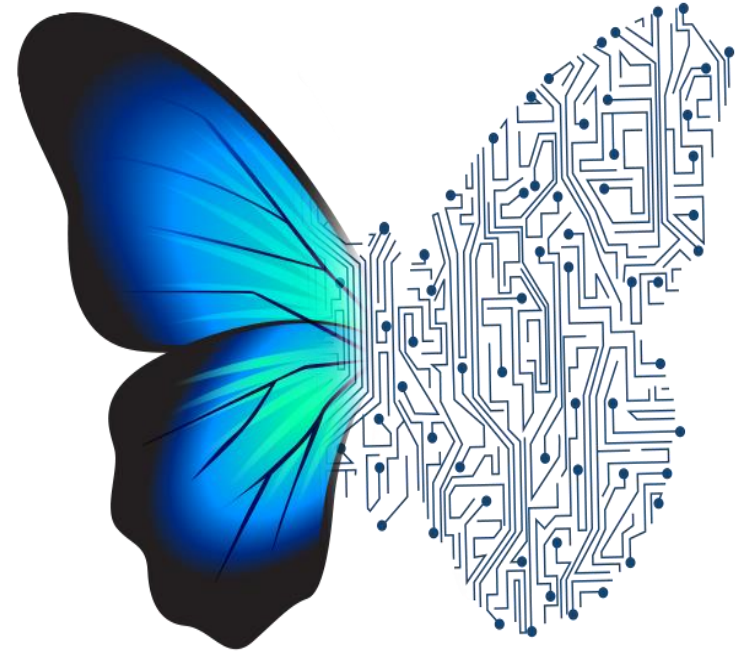


AI-Powered Automated Prior-Authorization Process for Healthcare Payers/Providers

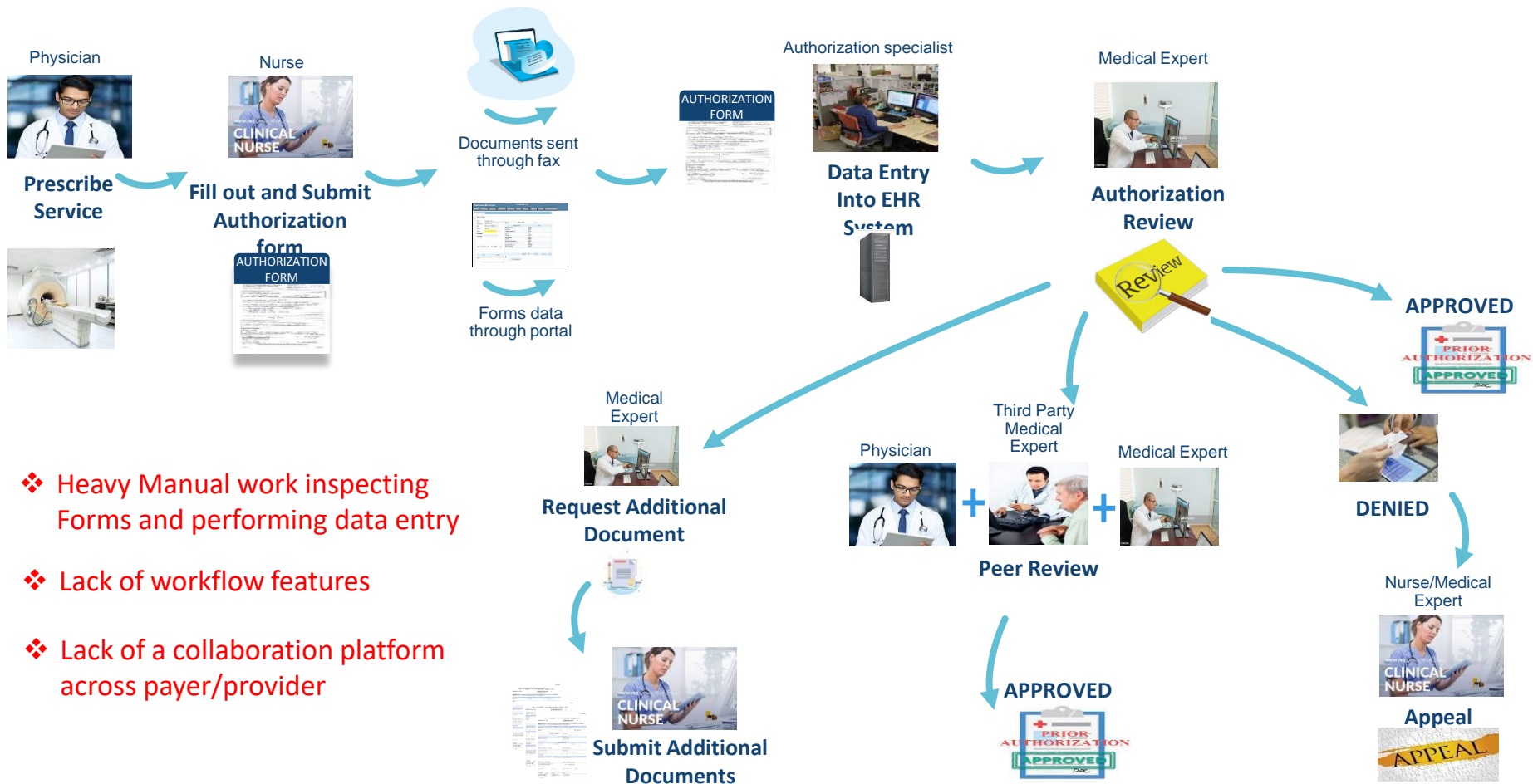
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Salem Hadim
Head of Intelligent Automation Consulting Practice,
Prolifics

Prolifics®

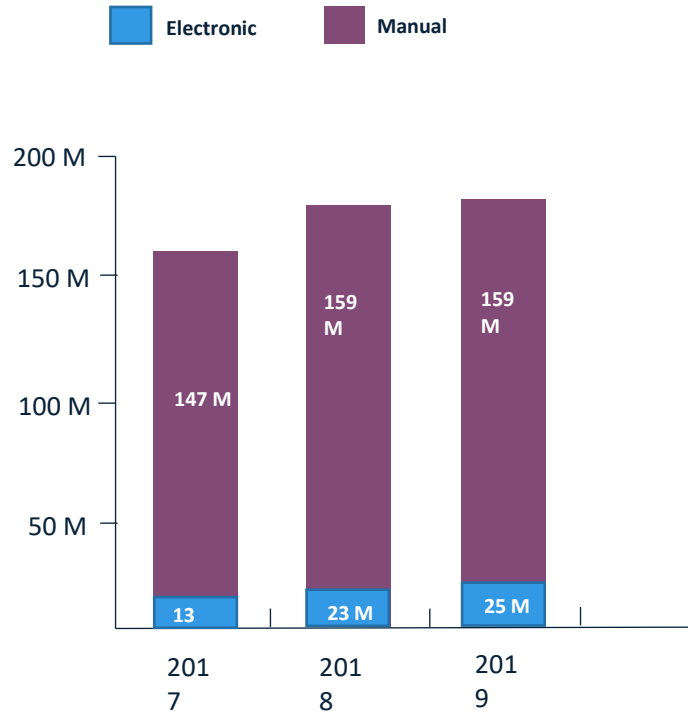


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Prior-Authorization Process In Healthcare (Payer/Provider) – Before Automation



Market research on the Prior Authorization Process in Healthcare



Source: The Council for Affordable Quality Healthcare (CAQH)

Prior Authorization Process costs

- \$10 – \$25 cost to Health Plan per Request.
- \$23 – 31 Billions Annual Cost for the US Healthcare System.

Source: Journal of the American Board of Family Medicine

Challenges : (Payer/Provider/Patient)

Payer

Heavily Manual
and Time
Consuming
Process

87% of requests are submitted either partially manual or fully manual , requiring large team of Authorization specialists

Increasing
Operational Costs

Labor costs are increasing due to increase in number of Authorization, Slow time to complete a review (8-9 reviews per specialist). **\$18 Billion cost for Payers.**

Incomplete Data
Delays Causing
Compliance Risks

Chasing incomplete data by email or fax causes processing delays which may violate the 14 days notification of NCQA.

Provider

Pre-Authorization
Requests are
Growing From
Each Payer

90% of healthcare leaders reported an increase of prior authorizations in 2019.

Unacceptable
Wait Times and
Cancellations.

In some cases wait times cause the provider to not provide essential care to patient on time impacting quality of care , and in some cases cancellations by patients.

Cumbersome
peer Reviews and
Appeal Process

In many cases when additional evidence is requested, it is send by fax or email and no efficient collaboration platforms offered.

Patient

Dissatisfaction
Towards Health
Plans and Payers

Long and unjustified delays causes the patient to get dissatisfied primary in the payer, resulting in customer churn.

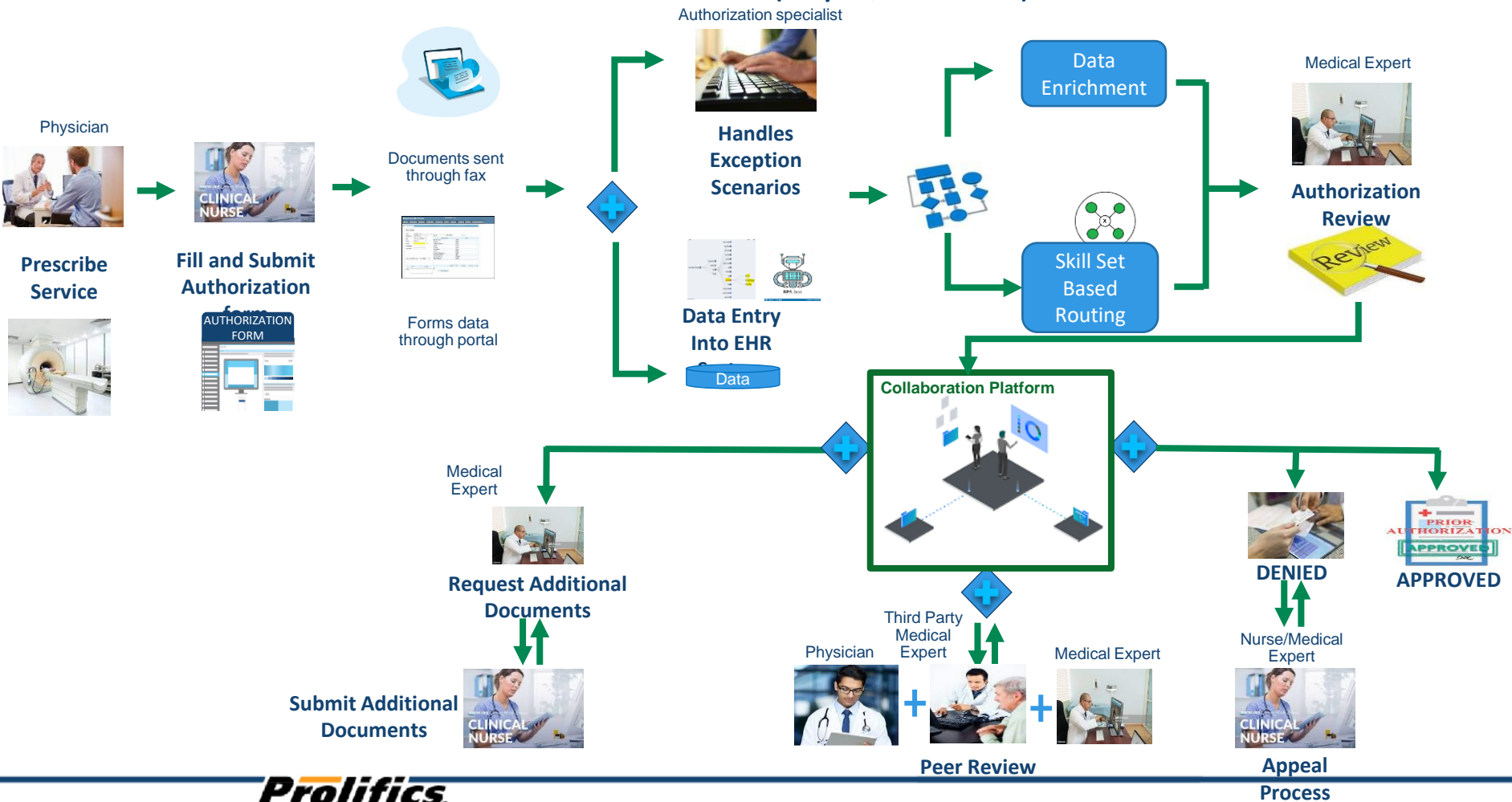
Quality of Care
and Patient Harm

Studies showed each week delay in starting cancer therapy causes an increase risk of death by 1.2 – 3.2%

Surprise Billing

In many cases due to lack of accurate data during the pre-authorization process, co-pays are not calculated correctly.

Prior-Authorization Process In Healthcare (Payer/Provider) – After Automation



Automated Prior Authorization Process - Benefits



4 X

Return on
Investments



8 Days

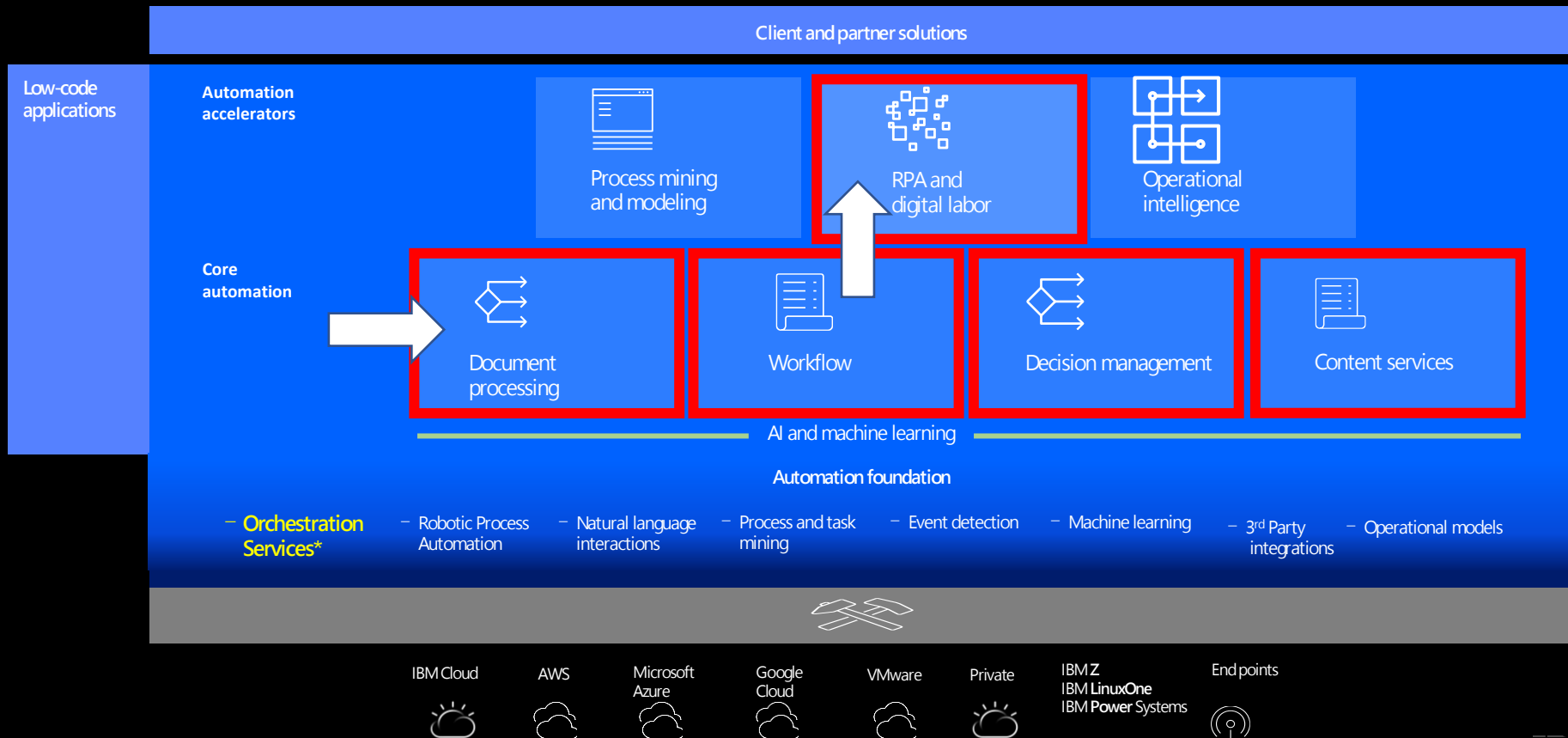
Faster
Decision Process



35%

Less Write Offs for
Providers Due to
Surprise Billing

Leveraging IBM Cloud Pak for Business Automation capabilities



Roles that will benefit from the solution:

- ❖ Chief Health Officer
- ❖ Lines of Business Line Leaders for a Healthcare Payer:
 - ❖ VP of Revenue Cycle Management
 - ❖ VP of Claims Processing
 - ❖ VP of Member Enrollment
 - ❖ VP of Clinical Management

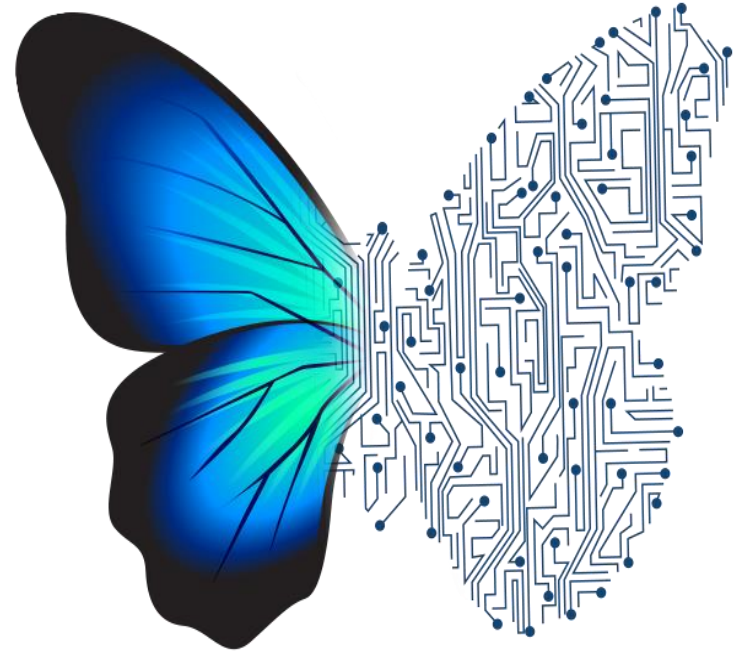
Q&A

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Creating Outcome Based Business Case

