Exelegent

Prior authorization automation APTP

No-Fault, NJ

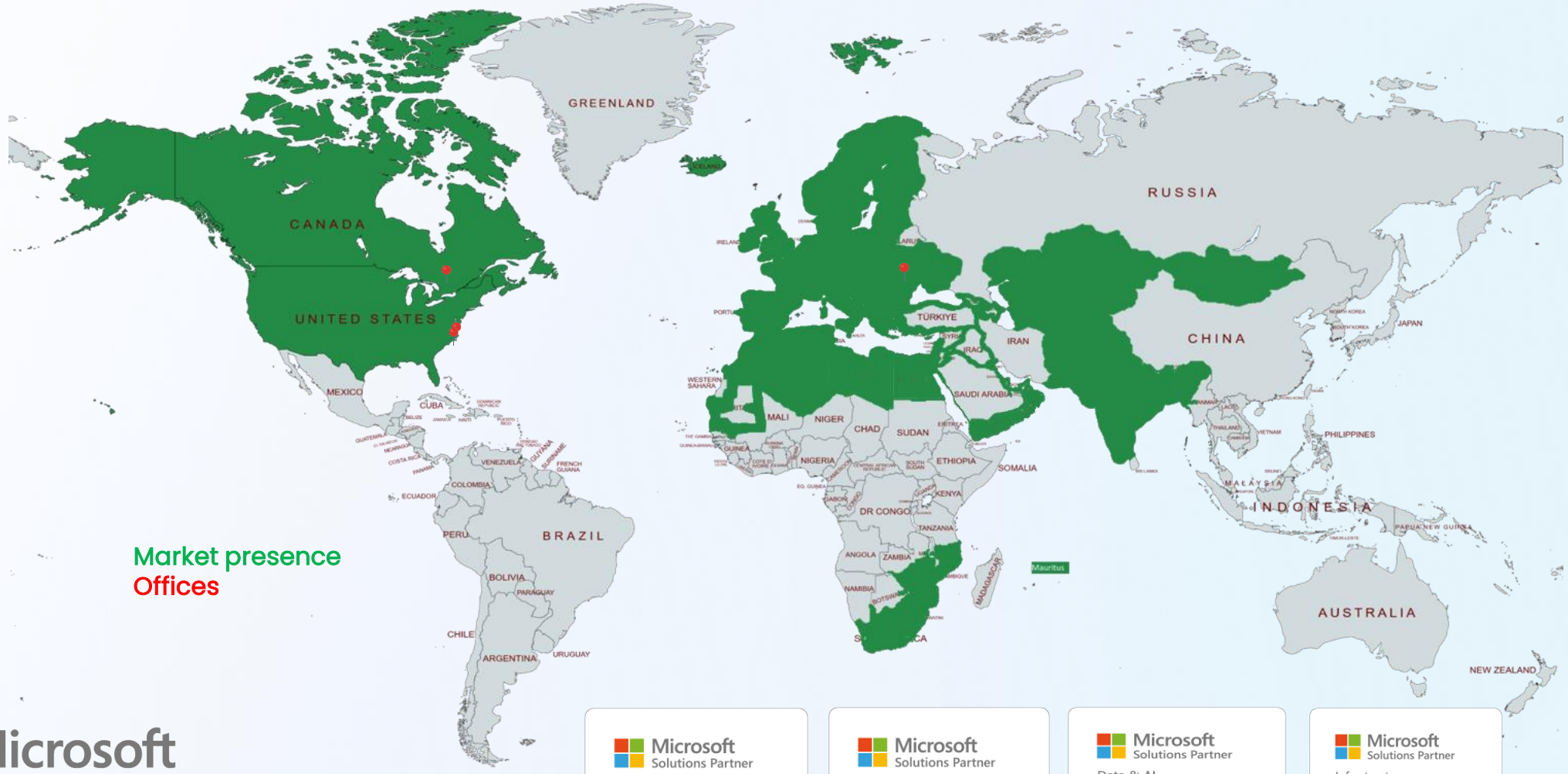
- Healthcare BPO Services

by Exelegent

2025-June

About Exelegent

- Market presence in 45+ countries
- 4 Global Offices with US East Coast HQ
- MPN: 2875555
- ECIF Supplier ID : Singularity Technologies Inc, 0003038159.
- PDM: Shamiana Soderberg @Microsoft



Microsoft Solutions Partner

Microsoft Solutions Partner
Modern Work

Microsoft Solutions Partner
Security

Microsoft Solutions Partner
Data & AI
Azure

Microsoft Solutions Partner
Infrastructure
Azure

Our success is measured by your own

DermOne Dermatology

Bruce Lucarelli, CTO, DermOne

"Switching to Exelegent has been a major contributing factor to the growth of our group. As a company looking to expand, we really value our employees' time and productivity. Exelegent's IT Support has enabled our business to run as efficiently as possible."

Alexey Gololobov, CFO, Columbus Hospital

Exelegent has been with our hospital since we've opened our doors. Their experience in a wide range of projects and solutions, and management of vendors has made a tremendous impact on our efficiency

inflexion point

Kevin Hannigan, President, Inflexion Point

Exelegent has become our trusted business partner and completed migration on time, alleviated hosting responsibilities, and gave us capabilities to enable team productivity and data security.«

CITYMD URGENT CARE

Robert Florescu, CISO, CityMD

Exelegent helped our company migrate from G-Suite to Microsoft Office 365 with zero downtime and zero data loss. During the process, over 3,500 users continued to collaborate and run critical business functions seamlessly

PRISM Vision Group · fastpacehealth · Summit Health · ETS · OceanFirst Bank · CollegeBoard · Sound Physicians · VillageMD

CITYMD URGENT CARE · bai · American Valve · Sentry Management Community Association Management · CENLAR Central Loan Administration & Reporting · Saint Peter's University · opentext · Reid Health

Astrana Health · CentraState Healthcare System Atlantic Health System Partner · Warburg Pincus · Renaissance · WORLD · DermOne Dermatology · inflexion point

BUILD. INTEGRATE. THRIVE.

Exelegent Practices Lead New Era of Computing and Opportunity

Digital Workplace

Aimed at fostering **secure collaboration** and ensuring **seamless operations** in the **modern work** landscape

Security & Compliance

Dedicated to **fortifying organizations** against evolving cyber threats and building business **cyber resilience**

Data & AI

Business Intelligence and **AI** solutions to enhance operations and drive **transformative outcomes**

BPO

Bring **efficiency, innovation,** and **scalability** to organizations seeking streamlined processes and **enhanced productivity**

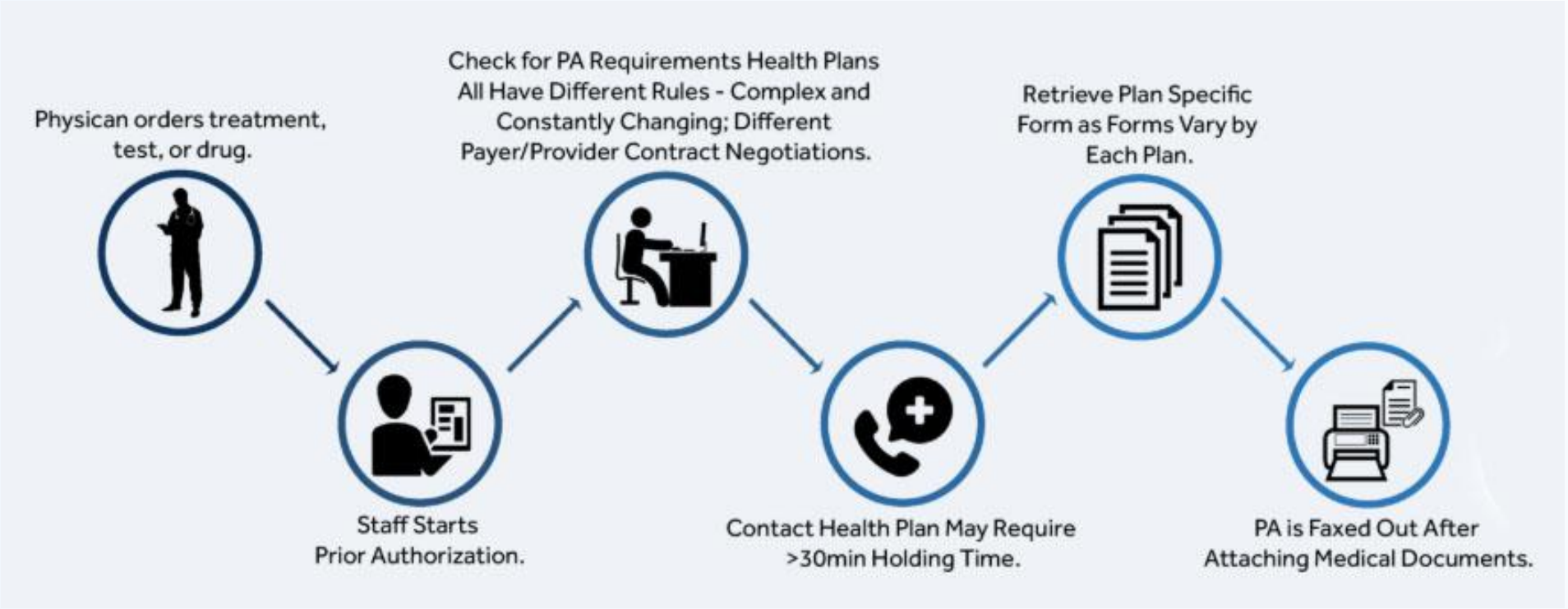
Value-Added Reseller

Unique and **efficient solutions** to address **business growth** and **technology innovation**

TrustElements.com

Intelligent and Quantified Continuous and Automated **Cyber Risk Management**

Why the mannual prior auth process is problematic



Pursuant to N.J.A.C. 11:3-4, the New Jersey Department of Banking and Insurance, filling out an APTP form is a mandatory step for providers treating injured patients under PIP regulations. This is part of the **precertification process** where healthcare providers must submit detailed treatment plans to insurance carriers for approval. For New Jersey providers, requirements are strict. Failure to submit can result in substantial penalties, including reduced reimbursements. Claims without accurate prior authorization are being penalized and the provider is losing **50%-100% of the revenue**.

Fixing prior auth: 40-plus prior authorizations a week is way too many

What's the problem?

On average, practices complete 45 prior authorization requests per physician per week.

35% of physicians have staff who work exclusively on prior authorizations.

88% of physicians describe the burden associated with prior authorization as "high" or "extremely high."

About 80% of physicians report that the number of prior authorizations required for prescription medications and medical services has risen over the last five years.

Prior authorization automation

- **NO MORE** manual prior authorization submission!
- **NO MORE** missed or delayed requests.
- **NO MORE** incorrectly entered data due to manual error.

All you need is to create a medical note after visit with the recommended treatment. Our "creature" will do the rest

Empower your RCM with Exelegent's prior authorization automation, decrease costs and improve productivity of your RCM

Lower cost care

Promote seamless collaboration between payers and providers to reduce expenses

Data-driven Healthcare

Revolutionize healthcare processes by transitioning from document reliance to adopting intelligent data-driven processes.

DESIRED OUTCOMES

Healthcare teams may expect immediate cost savings from 15 to 20% and in long term as much as 50% allowing the organization to boost productivity and grow in new powerful ways

Automate PA today

Use automated prior authorization to reduce amount of manual routine work, avoid mistakes and to expedite patient care

“Do More with Less”

Alleviate the burden of monotonous and time-consuming back-office functions that healthcare organizations face every day with Revenue Cycle Management knowledge & RPA technology behind.

It’s time to empower your people to drive more business value!

1

RPA Pilot Solutions

Automation of time-consuming and repetitive tasks that are a daily routine of the RCM, back-office or front-office personnel

2

Processes Optimization

Fully-automated workflow for RCM, front-office or back-office with low-code robotization following industry compliance and secure cloud-based access management

3

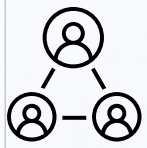
RPA Business Processes Outsourcing

Leverage smart automation and Exelegent’s RCM subject matter expertise to enhance the effectiveness of any RCM process

Who Benefits from Prior Authorization?

Physicians / Clinicians - Faster treatment decisions, reduced administrative work

Admin / Front Desk Staff - Streamlined workflows, fewer manual errors



Billing / RCM Teams - Higher approval rates, faster reimbursement

Healthcare Administrators - Improved efficiency, cost and time savings

Patients (indirect) - Quicker access to care, improved satisfaction

Exelegent

How does the automated process look like?

Analysis

Our tool is checking the list of patients' visits and analysing their insurance plans, doctor's prescriptions and care plan

Automated filling in APTP form

Based on the previous analysis and requirements, the filled in APTP form is being created

Attaching medical records

Extracting and attaching medical records to the APTP that support medical necessity (office notes, MRI, script, etc.) based on regulations

Reporting

Daily all visits are being analysed, APTP created with attached medical records and ready to submit. Provider will receive the detailed report with checked, skipped and created PAs ready and to follow up

Quality control

Our highly qualified prior authorization professional is monitoring and verifying the automated process to make sure it meets all requirements and provider's requests (optional)

Submitting APTP to payers

Ready prior authorization requests are being sent to the propriate payers (with proof of submission)

RPA – Prior Authorization Automation Use Case

Goals and expectations

The healthcare organization aims to streamline and optimize the process for obtaining insurance approvals. By automating the extraction of patient data and form submission, the solution aims to reduce the time and manual effort involved, improving overall efficiency.

Automation assisted with ...

- Retrieval of all relevant patient data, including visit history, doctor notes, and prescriptions, from the healthcare provider's EMR system.
- Automatically mapping the information to the correct fields in the insurance authorization form.
- Cross-checks the accuracy of the data before submission to ensure compliance with insurance carrier requirements.
- Submission the prior authorization request to the appropriate insurance carrier and tracks the status for follow-ups or re-submissions if required.

Company Profile

Location: New Jersey

Industry: Healthcare

Stakeholders: RCM

Providers: 6+

Implementation Summary

Time savings
The process of manually filling and submitting prior authorization forms, which previously took up to 12 hours per patient case, has been reduced to 25 minutes using the automated solution.

Error reduction
Automation has led to a significant decrease in data entry errors, ensuring that over 95% of forms are submitted with complete and correct information, compared to a prior 15% error rate in manual submissions.

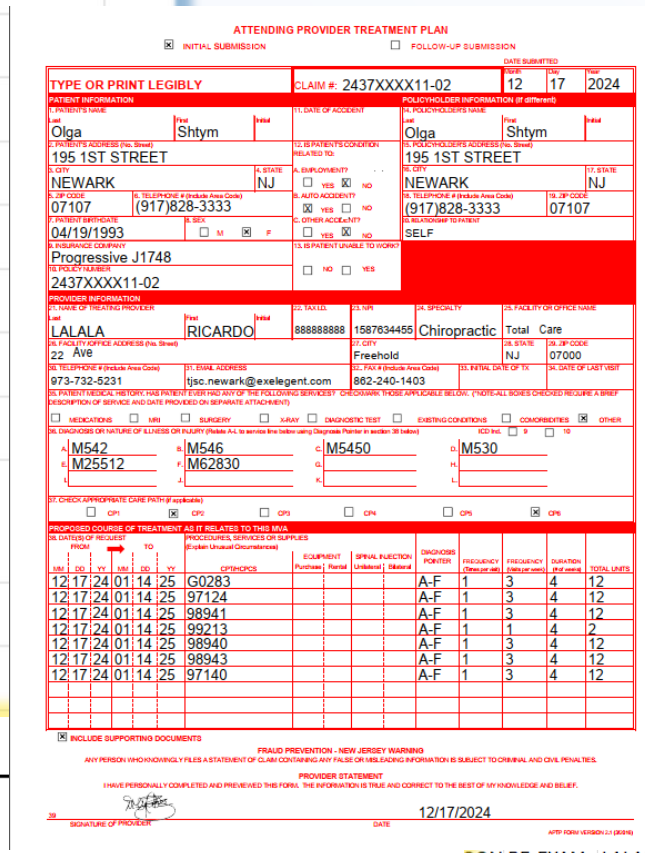
Improved compliance
Ensures compliance with both healthcare regulations and insurance carrier policies by adhering to required formats and verifying data before submission.

Scalability
The solution is designed to handle up to 10x the volume of prior authorization requests without requiring additional human resources.

Faster approval cycles

Reduction of labor costs

ESTABLISHED PATIENT - 15 MIN	DE CASTRO, CARLO	NEW
ESTABLISHED PATIENT - 15 MIN	LALAMA, RICARDO	NEW
ESTABLISHED PATIENT - 15 MIN	LALAMA, RICARDO	CHECKED IN
ESTABLISHED PATIENT - 15 MIN	DE CASTRO, CARLO	NEW
ESTABLISHED PATIENT - 15 MIN	LALAMA, RICARDO	NEW
ESTABLISHED PATIENT - 15 MIN	LALAMA, RICARDO	CHECKED IN
ESTABLISHED PATIENT - 15 MIN	DE CASTRO, CARLO	NEW
ESTABLISHED PATIENT - 15 MIN	DE CASTRO, CARLO	CHECKED IN
NEW PATIENT - 45 MIN **Notes/Reason** MVA - Driver 2/6/2025 Patient was in the same accident as his 13y.o daughter. Needs a referral to attorney. Driving his vehicle, has Progressive. Ambulance saw patients on scene. The driver that hit him ran a stop sign.	LALAMA, RICARDO	NEW
ESTABLISHED PATIENT - 15 MIN	DE CASTRO, CARLO	NEW
INITIAL VISIT - 45 MIN	DE CASTRO, CARLO	NEW
ESTABLISHED PATIENT - 15 MIN		
ESTABLISHED PATIENT - 15 MIN		
ESTABLISHED PATIENT - 15 MIN		
ESTABLISHED PATIENT - 15 MIN		



ATTENDING PROVIDER TREATMENT PLAN

INITIAL SUBMISSION ☐ FOLLOW-UP SUBMISSION

TYPE OR PRINT LEGIBLY — CLAIM #: 2437XXXX11-02 — DATE SUBMITTED: 12 17 2024

PATIENT INFORMATION
1. PATIENT'S NAME: Olga Shtym
2. PATIENT'S ADDRESS (No. Street): 195 1ST STREET
3. CITY: NEWARK — 4. STATE: NJ
5. ZIP CODE: 07107 — 6. TELEPHONE # (Include Area Code): (917)828-3333
7. PATIENT BIRTHDATE: 04/19/1993 — 8. SEX: ☐ M ☒ F
9. INSURANCE COMPANY: Progressive J1748
10. POLICY NUMBER: 2437XXXX11-02
11. DATE OF ACCIDENT
12. IS PATIENT'S CONDITION RELATED TO: A. EMPLOYMENT? ☐ YES ☒ NO — B. AUTO ACCIDENT? ☒ YES ☐ NO — C. OTHER ACCIDENT? ☐ YES ☒ NO
13. IS PATIENT UNABLE TO WORK? ☐ NO ☐ YES

POLICYHOLDER INFORMATION (If different)
1a. POLICYHOLDER'S NAME: Olga Shtym
2. POLICYHOLDER'S ADDRESS (No. Street): 195 1ST STREET
3. CITY: NEWARK — 17. STATE: NJ
18. TELEPHONE # (Include Area Code): (917)828-3333 — 19. ZIP CODE: 07107
20. RELATIONSHIP TO PATIENT: SELF

PROVIDER INFORMATION
21. NAME OF TREATING PROVIDER: LALALA RICARDO
22. TAX I.D.: 888888888 — 23. NPI: 1587634455 — 24. SPECIALTY: Chiropractic — 25. FACILITY OR OFFICE NAME: Total Care
26. FACILITY/OFFICE ADDRESS (No. Street): 22 Ave — 27. CITY: Freehold — 28. STATE: NJ — 29. ZIP CODE: 07000
30. TELEPHONE # (Include Area Code): 973-732-5231 — 31. EMAIL ADDRESS: tjsc.newark@exelegent.com — 32. FAX # (Include Area Code): 862-240-1403 — 33. INITIAL DATE OF TX — 34. DATE OF LAST VISIT

35. PATIENT MEDICAL HISTORY, HAS PATIENT EVER HAD ANY OF THE FOLLOWING SERVICES? CHECKMARK THOSE APPLICABLE BELOW: (*NOTE-ALL BOXES CHECKED REQUIRE A BRIEF DESCRIPTION OF SERVICE AND DATE PROVIDED ON SEPARATE ATTACHMENT)
☐ MEDICATIONS ☐ MRI ☐ SURGERY ☐ X-RAY ☐ DIAGNOSTIC TEST ☐ EXISTING CONDITIONS ☐ COMORBIDITIES ☒ OTHER

36. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below using Diagnosis Pointer in section 38 below) — ICD Ind. ☐ 9 ☐ 10
A. M542 B. M546 C. M5450 D. M530
E. M25512 F. M62830 G. H. I. J. K. L.

37. CHECK APPROPRIATE CARE PATH (if applicable): ☐ CP1 ☒ CP2 ☐ CP3 ☐ CP4 ☐ CP5 ☒ CP6

PROPOSED COURSE OF TREATMENT AS IT RELATES TO THIS MVA

38. DATE(S) OF REQUEST FROM MM	DD	YY	TO MM	DD	YY	PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	EQUIPMENT Purchase	Rental	SPINAL INJECTION Unilateral	Bilateral	DIAGNOSIS POINTER	FREQUENCY (Times per visit)	FREQUENCY (Visits per week)	DURATION (# of weeks)	TOTAL UNITS
12	17	24	01	14	25	G0283					A-F	1	3	4	12
12	17	24	01	14	25	97124					A-F	1	3	4	12
12	17	24	01	14	25	98941					A-F	1	3	4	12
12	17	24	01	14	25	99213					A-F	1	1	4	2
12	17	24	01	14	25	98940					A-F	1	3	4	12
12	17	24	01	14	25	98943					A-F	1	3	4	12
12	17	24	01	14	25	97140					A-F	1	3	4	12

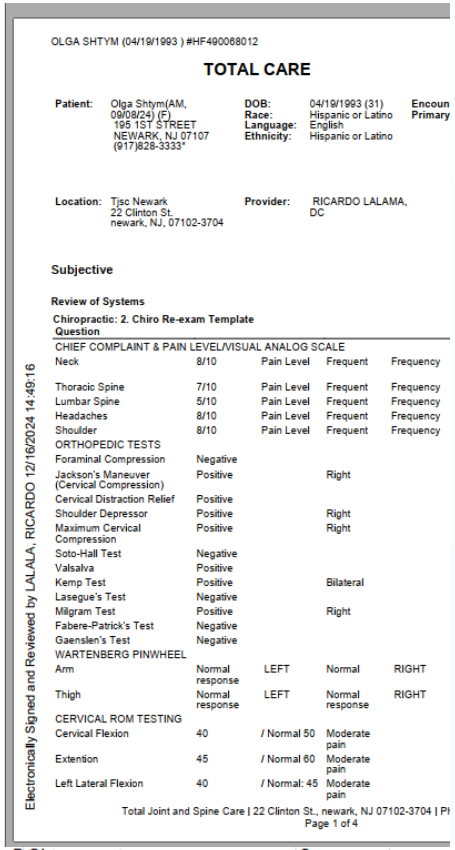
☒ INCLUDE SUPPORTING DOCUMENTS

FRAUD PREVENTION - NEW JERSEY WARNING
ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

PROVIDER STATEMENT
I HAVE PERSONALLY COMPLETED AND PREVIEWED THIS FORM. THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

39 SIGNATURE OF PROVIDER — DATE: 12/17/2024

APTP FORM VERSION 2.1 (8/2018)



OLGA SHTYM (04/19/1993) #HF490068012

TOTAL CARE

Patient: Olga Shtym(AM, 09/08/24) (F) 195 1ST STREET NEWARK, NJ 07107 (917)828-3333* — DOB: 04/19/1993 (31) — Race: Hispanic or Latino — Language: English — Ethnicity: Hispanic or Latino — Encoun — Primary

Location: Tjsc Newark 22 Clinton St, newark, NJ, 07102-3704 — Provider: RICARDO LALAMA, DC

Subjective

Review of Systems

Chiropractic: 2. Chiro Re-exam Template

Question				
CHIEF COMPLAINT & PAIN LEVEL/VISUAL ANALOG SCALE				
Neck	8/10	Pain Level	Frequent	Frequency
Thoracic Spine	7/10	Pain Level	Frequent	Frequency
Lumbar Spine	5/10	Pain Level	Frequent	Frequency
Headaches	8/10	Pain Level	Frequent	Frequency
Shoulder	8/10	Pain Level	Frequent	Frequency
ORTHOPEDIC TESTS				
Foraminal Compression	Negative			
Jackson's Maneuver (Cervical Compression)	Positive		Right	
Cervical Distraction Relief	Positive			
Shoulder Depressor	Positive		Right	
Maximum Cervical Compression	Positive		Right	
Soto-Hall Test	Negative			
Valsalva	Positive			
Kemp Test	Positive		Bilateral	
Lasegue's Test	Negative			
Milgram Test	Positive		Right	
Fabere-Patrick's Test	Negative			
Gaenslen's Test	Negative			
WARTENBERG PINWHEEL				
Arm	Normal response	LEFT	Normal	RIGHT
Thigh	Normal response	LEFT	Normal response	RIGHT
CERVICAL ROM TESTING				
Cervical Flexion	40	/ Normal 50	Moderate pain	
Extention	45	/ Normal 60	Moderate pain	
Left Lateral Flexion	40	/ Normal: 45	Moderate pain	

Electronically Signed and Reviewed by LALALA, RICARDO 12/16/2024 14:49:16

Total Joint and Spine Care | 22 Clinton St., newark, NJ 07102-3704 | Pl
Page 1 of 4

Plan

☑ Procedure Coding:

Description	Code	Units
Chiropractic Manipulation	98941	1 UN
Massage Therapy	97124	1 UN
Elec Stim Other Than Wound	G0283	1 UN
Office O/p Est Low	99213	1 UN

☑ Care Plan:

CON	RE-EXAM -	LALAMA, R	Chiropractic			Success		
NDEI	INITIAL VIS	ILASHUK, ANDRIY				Success		
RRIS,	RE-EXAM -	LALAMA, R	Chiropractic			Success		
AD, JI	INITIAL VIS	ILASHUK, ANDRIY				Success		
RTIN	RE-EXAM -	LALAMA, R	Chiropractic			Success		
NNEI	NEW PATIE	LALAMA, R	Chiropract	There is no insurance		The patient was part		
Z, GE	RE-EXAM -	LALAMA, R	Chiropractic			Success		
UER(	NEW PATIE	LALAMA, R	Chiropractic			Success		
CALA	INITIAL VIS	ILASHUK, ANDRIY				Success		
SEC/	RE-EXAM -	LALAMA, R	Chiropractic			Success		
G-OI	RE-EXAM -	LALAMA, R	Chiropractic			Success		
TLE,	INITIAL VIS	ILASHUK, ANDRIY		Insurance "LOP Lette		Skipped		
VIA S	INITIAL VIS	ILASHUK, ANDRIY				Success		
URY	RE-EXAM -	LALAMA, R	Chiropractic			Success		
VAL,	RE-EXAM -	LALAMA, R	Chiropractic			Success		
AS, F	RE-EXAM -	LALAMA, R	Chiropractic			Success		
HF490808	SARANC	RE-EXAM -	LALAMA, RICARDO	Insurance "LOP Lette		Skipped		

KPIs for prior authorization include:

Automated system completes PAs in **less than 1 hour**

PA Submission Time: The time it takes to initiate a PA request to submit it to the payer. **24 hours**

Approval/Denial Rate: The percentage of PAs approved on the first submission or denied. **72%**

Turnaround Time: The total time elapsed from submitting a PA request to receiving a decision from the payer. **72 hours**

Appeal Rate: The percentage of PAs that require an appeal after an initial denial. **20%**

Internal Rejection Rate: The rate at which PAs are rejected internally before being submitted to the payer, indicating potential issues with the request process. **0.05%**

Utilization Review expert Productivity: An indicator of both individual and team productivity is the quantity of PAs an expert processes in a particular time frame.

Exelegent

sales@exelegent.com

exelegent.com

Olga Shtym
Director of BPO
T: 973-732-5231 x 1052
E: olga.shtym@exelegent.com | exelegent.com
Freehold, NJ

ApexRCM