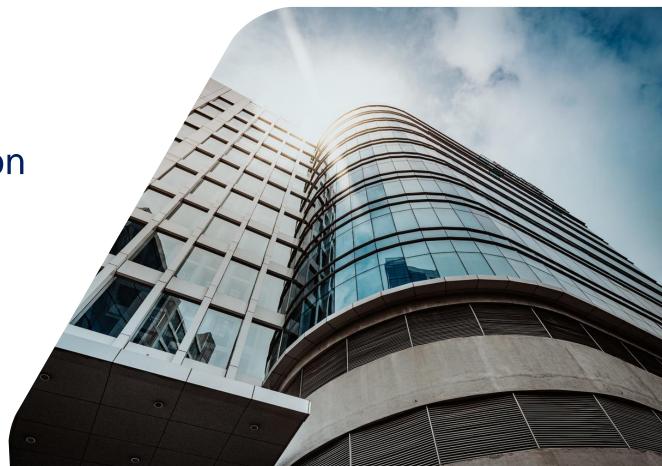


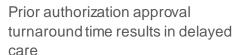
Next Generation
Prior Authorization
Automation
Powered by Al



Prior Authorization Automation powered by AI



Key needs & challenges



91% of physician report care delays due to prior authorizations

75+ Operators dedicated to take repeated calls from doctor's offices and patients.

Only 9 Prior Authorization reviews are completed by RN per day



Solution Features

Recognize clinicians who are regularly approved for prior authorization by lifting the requirements for a period of time (Gold-Card)

Eliminate prior authorization for drugs, medical services and equipment that are regularly approved

Unique methodology for connecting member, provider, medical and pharmacy data and insights with medical utilization and health conditions progression to drive faster decision making

Turnkey frameworks to integrate various data sources such as member, provider, medical claims, pharmacy claims, etc.,



Benefits & Impact

Speeds up decision making (from days to hours)

Improves the member engagement and care coordination

Reduces the delay in medical treatment services and medication

Reduce the administrative burden and focus on patient care.

Significant reduction in administrative cost



Our Value Proposition



Health Plan

- Automated tools improve efficiency
- Touchless Prior Authorizations
- Reduces administrative burden & cost

Member

Health Plan - Provider Strategy



- Create a differentiated healthcare platform
- Value-Based Care and Population Health Management Services



Provider

- Improves speed to therapy
- Reduces administrative burden & cost
- Focus on higher value services such as care co-ordination, patient scheduling, etc.

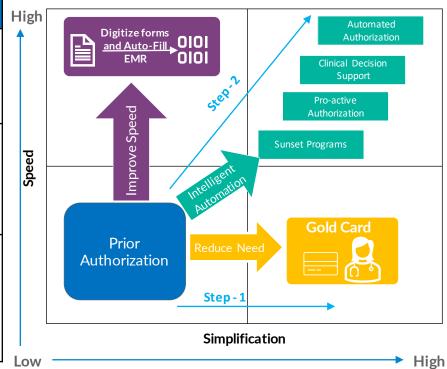


Solution Strategies & Approach

Strategies

Concept	Strategy
Rewarding Success	 Recognize clinicians who are regularly approved for prior authorization by lifting the requirements for a period of time Eliminate prior authorization for drugs, medical services and equipment that are regularly approved
Reducing Manual Burden	 Request forms filled out electronically (interoperability - FHIR) online can reduce personnel and resource burden Use AI-ML models to analysis the prior authorization request and provide recommendation for a timely decision
Pro-Active Authorization	 Patients with certain diagnoses or medical treatments are preapproved to have downstream tests or therapies that are typically requested for their conditions Clinical Decision Support and real-time pharmacy benefits check can be used to inform clinicians for a timely decision

Approach



Key Benefits & Outcomes



Health Plan Benefits & Outcomes

- Speeds up decision making (from days to hours)
- Improves patient and clinician experience (NPS scores)
- Improves the member engagement and care coordination
- Improves provider productivity and reduction in administrative cost
- Fits very well with valuebased contracting models



Member/Patient **Benefits & Outcomes**

- * Reduces the delay in medical treatment services and medication
- Significant reduction in healthcare spending
- ❖ Avoid onset of chronic conditions and disease progression
- Avoid long term treatments and invasive surgeries



Provider Benefits & Outcomes

- * Reduce the delay in patient care
- Reduce the administrative burden and focus on patient care.
- Focus on at-risk individuals and populations.
- Revenue growth and expanded reach
- Significant reduction in administrative cost





Thank You