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beyond your EHR.

Enhancing Prior Authorization and RCM Efficiency with Automation

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about janus health.

OBSERVE
Workflow & user tasks

UNDERSTAND
Key path & variances

ADAPT
To changes unique to that environment

AUTOMATE
Remove variance and redundancy

OPERATIONAL INTELLIGENCE

- Workforce Management
- Process Intelligence
- Denial Insight

AUTOMATIONS

- Prior Authorization
- Enriched Claim Status
- Teleport for Claims
- User Access Management

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what we'll learn today.

- Understand the benefits of automating prior authorization workflows.
- Learn how automation can transform your prior authorization process.
- Identify limitations of EHR systems and when to seek external solutions.
- Learn what to consider when evaluating prior authorization solutions.

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the challenge

& the opportunity.

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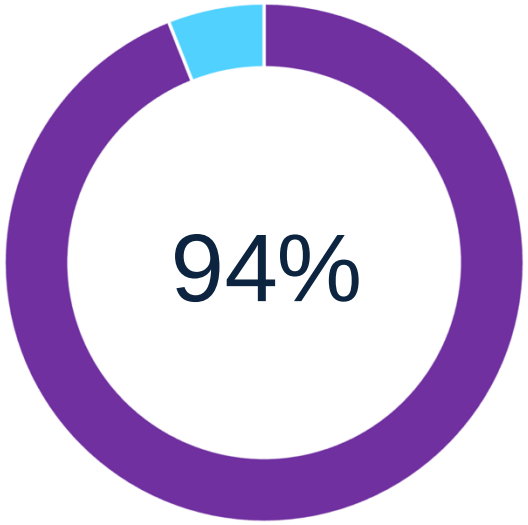
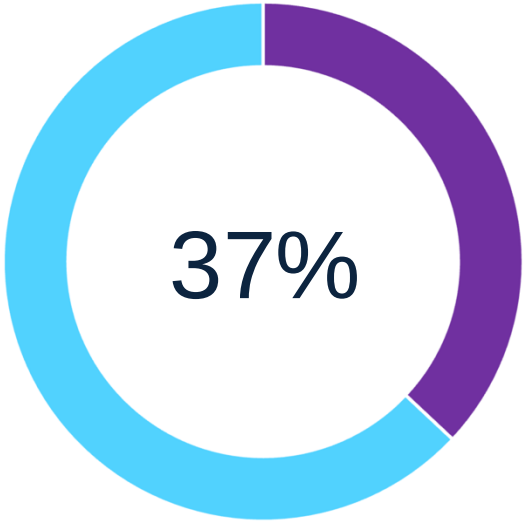
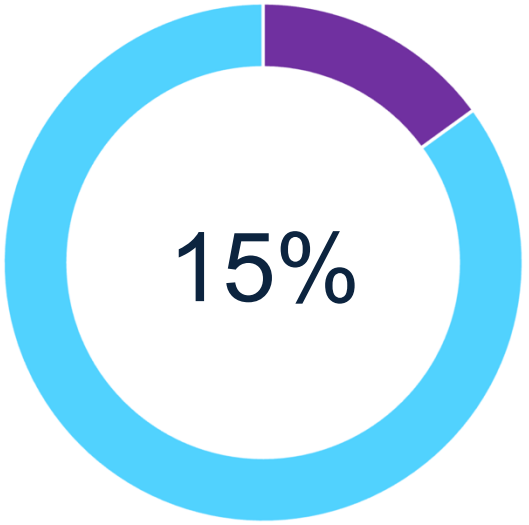
the painful truth.



of providers report care delays due to prior authorization



of providers are still performing fully manual prior authorizations



of claim denials are due to authorizations

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only 31% of providers are leveraging automation to streamline prior authorization.

only 31% of providers are leveraging automation to streamline prior authorization.

94%
of providers use automation for eligibility checks

98%
of providers use automation for claims submissions

90%
of providers use automation for coordination of benefits

bridging the gap

with automation.

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the opportunity is real.

$494
Million

potential annual cost savings for the healthcare industry.

11
Minutes

average time savings opportunity *per transaction*

- increase patient satisfaction
- reduce denials
- optimize resources

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intelligent automations.

Understand existing processes

Identify areas for greater efficiency

Implement automation adjustments

Continuously improve

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what does an automated prior authorization workflow look like?

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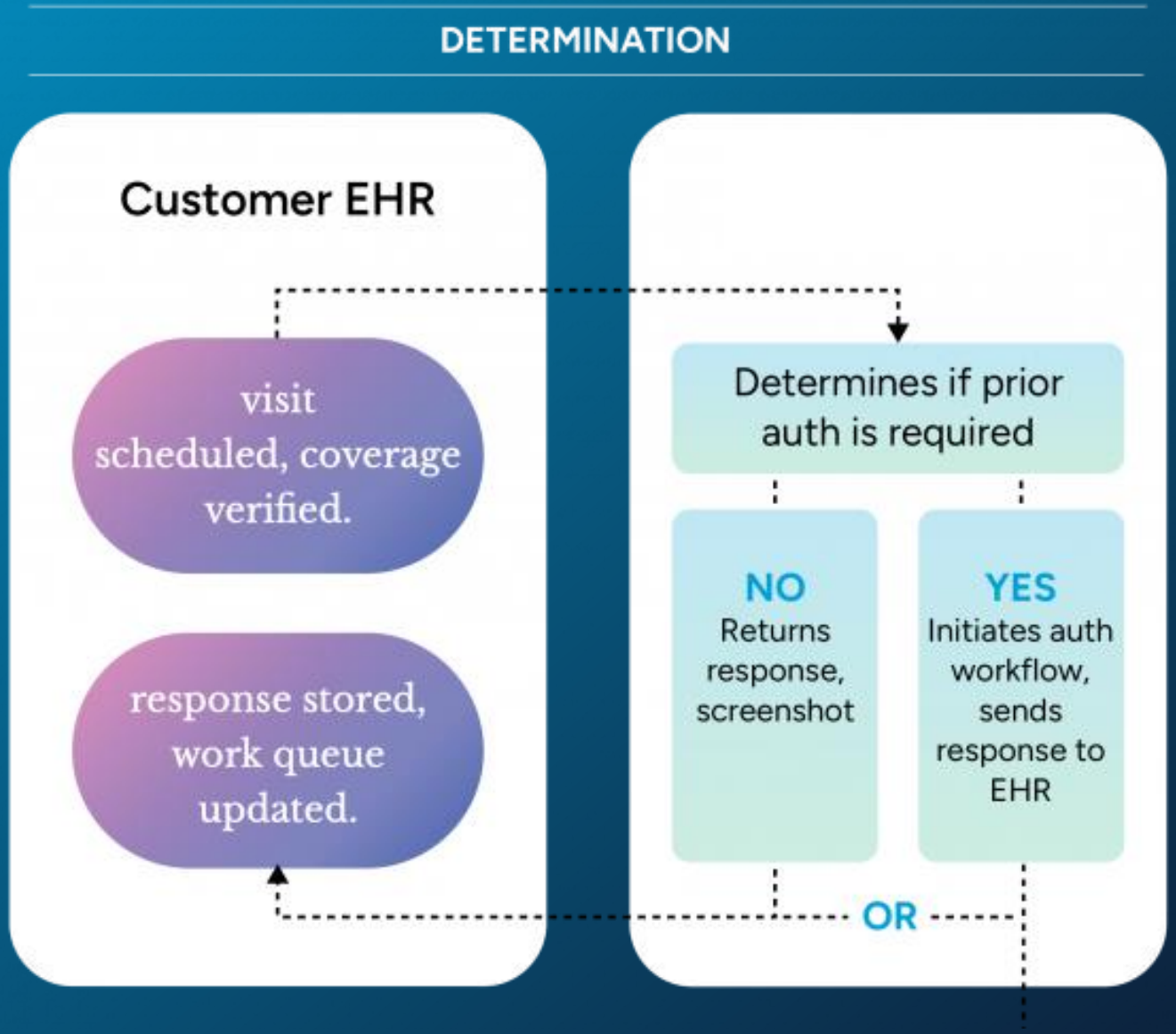

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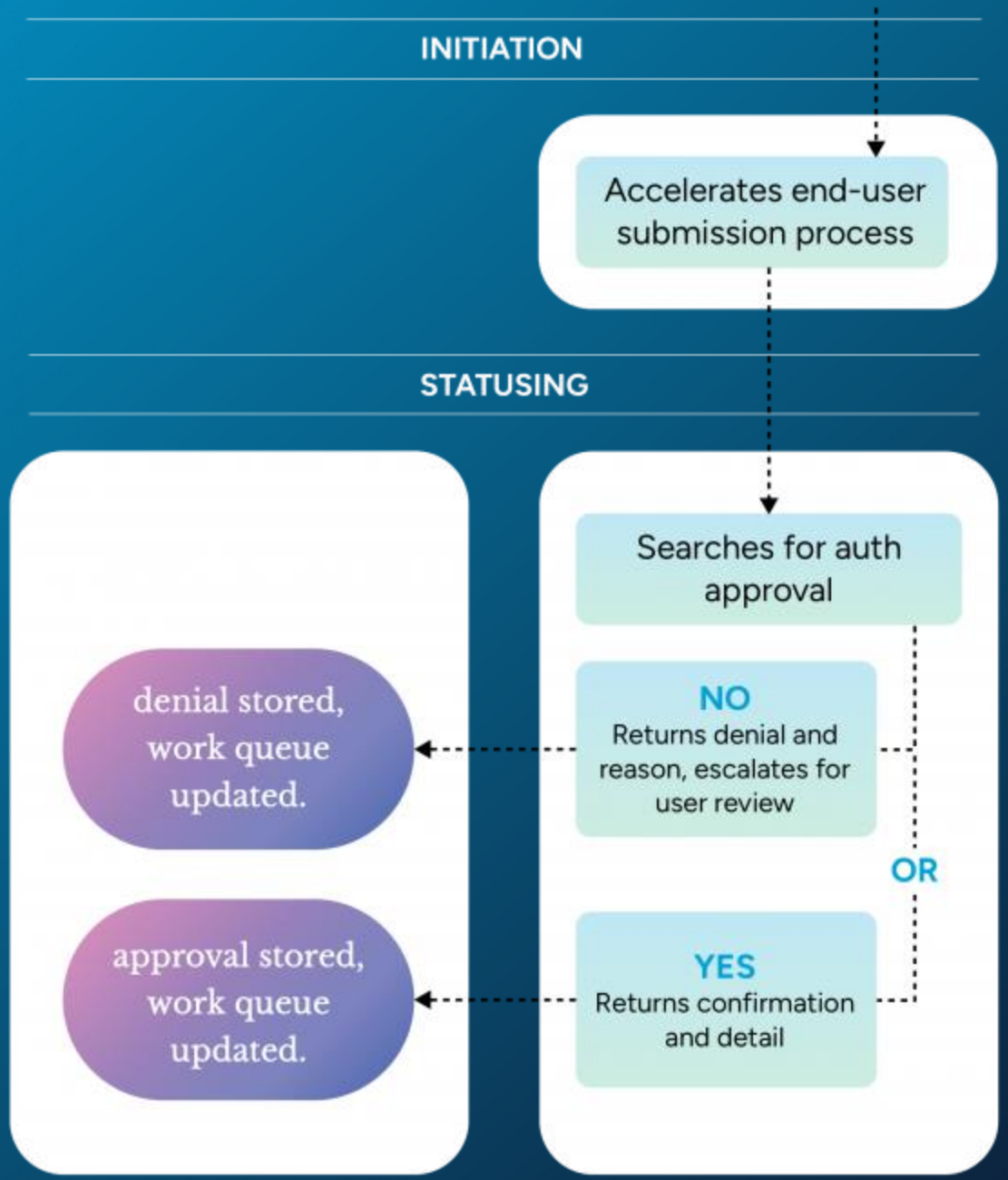

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wait:

we already have a free solution within our EHR.

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make sure it checks all boxes.

Does the solution meet your coverage needs, or have a limited scope?

Are you able to achieve a cohesive workflow, or will your staff still need to bridge the gaps?

Does your organization have the internal resources to maintain the solution?

Are government or managed care payers included?

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key considerations.

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a) outline requirements, including: uptime, audit trail needs, workflow integration

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b) prioritize service lines that are creating the most manual workload for your team.

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c) determine payer coverage needs across both national and regional payers.

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d) understand short and long-term SME and IT resource requirements

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any questions?