

Intelligent Authorization

A single-source solution for every financial clearance automation need.

With approximately half of all denials resulting from front-end revenue cycle issues, optimizing patient access operations has become critical to the patient experience and financial health of any hospital or health system.

Intelligent Authorization enables users to streamline and expedite financial clearance processes through configurable automation solutions. Whether you require maximal financial clearance automation or augmented support for specific specialties, Intelligent Authorization can help improve the overall patient financial experience while growing and retaining the revenue you deserve.



PLATFORM AGNOSTIC SOLUTION DESIGN

Solution designs are built around each customer's unique needs, challenges, and success criteria while leveraging automation platforms provided by AGS Health and its partners.



ENHANCED REVENUE GROWTH AND RETAINMENT

Prevent denials, improve net revenue reimbursements, and increase clean claim rates across radiology, osp, and core physical therapy, surgery, and infusion/diagnostics.



IMPROVED PATIENT EXPERIENCE AND TRANSPARENCY

Deliver the speed, accuracy, and transparency patients expect, including clear benefit understanding, visibility into good health care, and prompt access to care to ensure reduced rescheduling rates.

FEATURES AND CAPABILITIES



PATIENT IDENTITY VERIFICATION

Ensure accurate patient demographic data and other critical insights are recorded on the patient record to streamline registration.



AUTOMATED PRIOR AUTHORIZATION DETERMINATIONS

Streamline authorization workflows through process automation to minimize denials and maximize organizational revenue.



AUTOMATED AUTHORIZATION STATUS RETAINMENT

Stay informed on all authorization requests through automatic status updates and reporting.



ASSISTED INITIATION OF AUTHORIZATION

Fully automate submission up to the point of clinical questionnaires.



REAL-TIME ELIGIBILITY AND BENEFITS VERIFICATION

Overcome difficult-to-navigate payer systems, eliminate incohesive practices, reduce call volumes, and refocus on patient experience.



PATIENT COST ESTIMATOR

Support No Surprises Act requirements and automate time-intensive good faith estimate processes.