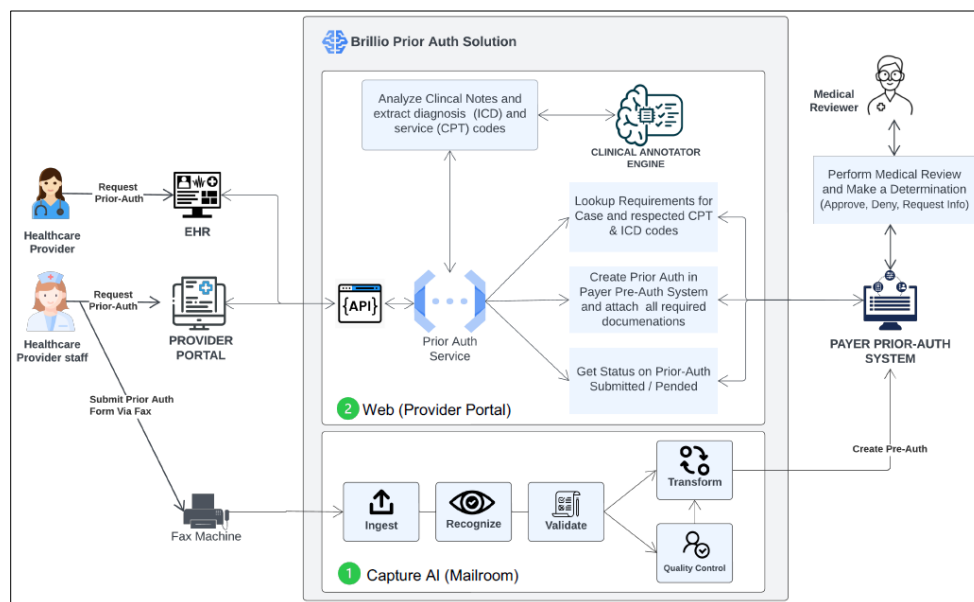


Brillio Azure Pre-Auth for Payers

Background: The current manual prior authorization processes put a heavy administrative and financial burden on both payers and providers resulting in increased operational costs, patient dissatisfaction, and ineffective patient care. Below are few of the major challenges faced by the healthcare industry.

- Time consuming manual reviews and verifications of health card, medical records delay care delivery
- Ensuring transparency and prompt communication for PA approvals is missing
- Doctors spend ~six hours daily attending to administration, leading to physician burnout
- Payers are vulnerable to compliance violations while providing clarifications
- Processing of PA requests requires a dedicated team of medical staff. Payers also have a separate team for responding to provider calls leading to high operational costs

Solution: Brillio's Prior Authorization Automation addresses these inefficiencies through a transformative solution leveraging AI and automation. This solution streamlines and expedites the PA process, benefiting both payers and providers.



1. AI-Powered Automation:
 - Creates partially or fully automated interfaces using AI
 - Integrates seamlessly with existing Prior Auth Systems for validation and submission
2. Paper-Based and Digital Submission:
 - Supports paper-based, partially-automated submissions via fax or mail through Capture AI, which extracts information with high accuracy
 - Enables fully-automated digital submissions through provider portals or service APIs, ensuring real-time decision-making and status updates
3. Clinical Annotator Engine:
 - Converts medical notes into diagnosis and CPT codes, streamlining submission process
 - Determines the requirements of the PA system and generates Prior Auth requests

Solution Benefits: Brillio's Prior Authorization Solution delivers substantial cost reductions, elevates the quality of patient care, and alleviates administrative challenges bringing in patient focus to the healthcare system.

- Saves time and resources by eliminating manual filling of forms
- Provides a simplified user experience for both payers and providers.
- Reduces denials improving overall productivity
- Ensures compliance with service level agreements
- Enhances provider experience and accelerates patient care