



The AKASA Revenue Cycle Solutions

How AKASA is helping health systems drive results across the revenue cycle



PATIENT ACCESS

Authorization Advisor



Authorization Advisor is a new GenAI assistant that helps prior authorization specialists efficiently and comprehensively complete authorization submissions. It provides staff — from entry-level to veteran — with an interactive sidebar view of patient details and curated clinical documentation from the EHR, all directly in their workflow. In addition, it supports any payer portal or service line, as well as most EHRs.



Empowered staff to find **15% more relevant documents** than staff alone in auth requests.

Authorization Automation



If you want to remove work from your staff's plate, AKASA Authorization Automation can help. Our Authorization Submission and Authorization Status products holistically address prior authorization with automation. Through our unique AI + experts-in-the-loop approach, AKASA determines if prior auth is required, gathers the necessary information, uses GenAI to intelligently review and attach clinical documentation, submits the auth request, checks



Helped a client see a **22% reduction in auth work queue volume**.

AKASA and GenAI

Our solutions are powered by the latest generative artificial intelligence (GenAI) technology. GenAI can rapidly and accurately understand complex clinical documents (such as patient records), comprehend clinical context, extract information, and use the data in meaningful ways.

How does it work? GenAI learns from large data sets, identifies patterns, and then “generates” new content, such as text and images. AKASA further trains and fine-tunes GenAI technology on specific health system clinical and financial data to drastically improve results.

43M+

Number of clinical documents our GenAI is trained on

Coding Collaborator



GenAI takes a first pass at fully coding the encounter, including the principal diagnosis code, secondary diagnosis codes, ICD-10 procedure codes, correlating DRG codes, and any other data needed. It then presents highly accurate coding recommendations — with supporting AI-generated justifications and specific direct evidence — to a health system coder for review. Coders are empowered via a modern user experience to review, edit, approve, and ultimately submit to the EHR for billing. With Coding Collaborator, you'll enjoy unprecedented coding comprehensiveness, intelligence, accuracy, and efficiency.

Coding Optimizer



This solution enables a health system to see value quickly by reviewing all encounters coded by staff for missed diagnosis codes. It focuses on finding potential revenue performance opportunities and quality improvements. Any additional coding possibilities are then shared with a health system coder for final review. By intelligently suggesting accurate codes with AI-generated justifications and easily verifiable direct quotes, Coding Optimizer helps improve case mix index, reduce denials, and achieve an organization's fullest revenue performance.

BUSINESS OFFICE

Claim Status Automation



Is your team wasting valuable time statusing each claim? Or not checking them at all? AI-powered Claim Status Automation from AKASA can improve these processes. Our automation does the work for you, proactively checking the status of claims to prioritize follow-up efforts and help you get ahead of problematic accounts. The results? Reduced staff burden and A/R days.



Contributed to a **\$30M gross yield increase** for one health system.

Claim Attachment Automation



Our automation identifies and retrieves relevant solicited documentation required by payers for claim adjudication, matches it to claims leveraging our advanced AI technology and RCM experts, submits everything through payer portals, and then posts proof of submission in your EHR. Your staff won't need to manually review documentation. AKASA does the work for you.



For more information on these solutions, contact us at updates@akasa.com

STEP INTO THE FUTURE OF
HEALTHCARE WITH **AKASA**.